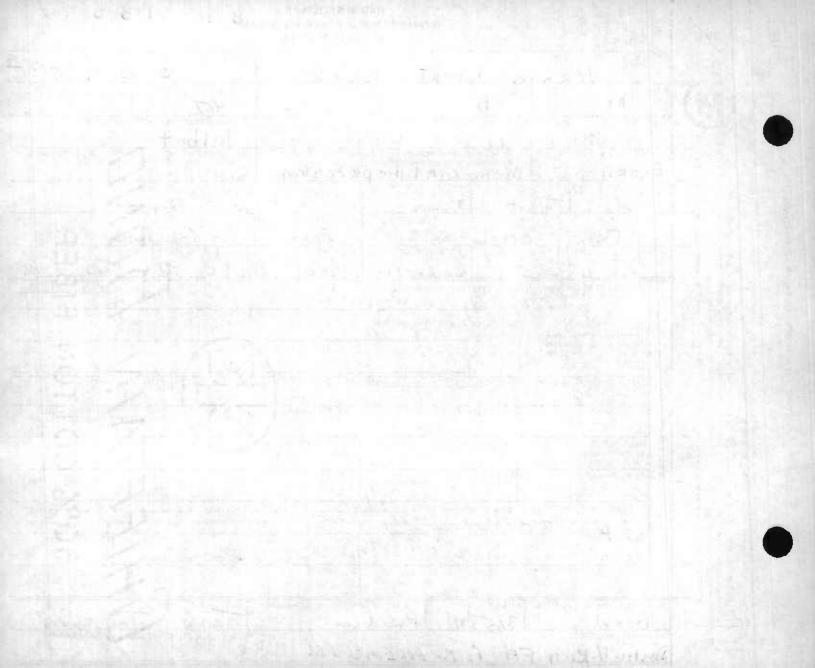
D1307 651	1.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 1 REG. NO.	8 6 4 6
C - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		CEASED NAME FIRST MOLE	Middle W.	Benney	20 DATE OF DEATH MONTH	9-81 26. HOUR 10
Ala go	3 SE	x Male	RACE Cau.	5. DATE OF BIRTH MONTH DA 10-2-14	6 AGE (IN YEARS EAST BIRTHDAY)	MONTHS DATS HOURS MIN.
oth. Page	20- B	IRTHPLACE (STATE OF FOREIGN Md.	76. CITIZEN OF WHAT COU		9. BALTIMORE CITY OR COL	UNITY OF DEATH
s after de sontified a	3 10 0	Easion		JURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Labour	12b. KIND OF BUSINESS OR INDUSTRY Canning Co
NND 212 24 haur filled in I auld be f	13a	AL RESIDENCE (IF NURSING HOME OF	NTY 113c. CITY O	E BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS YES NO	? 13e. STREET ADDRESS Boyce Mill	Road
E, MARYLL cuted within campletely s 1 and 2 sh	2	Joseph R.		Maro	aret Mae Hick	LAST LSON
BALTIMORE, cote be executed to pers. Pages vol.		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GR	VE WAR OR DATES	-20-4937 Margaret	: Cooper Gre	eensboro, Md.
quires that the death certificate signed by the attending physical the please remove carbon popel to burial, cremation, ar removal.	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A COM	SEQUENCE OF SEQUENCE OF LEATER G TO DEATH BUT NOT RELATED TO THE TE	b leap Bosculor de ERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(D
TAL RECORDS The law requiricion. Signer perior to be signe prior to be shaws ony injur	CERTIFICATI	190. DATE OF OPERATION	196 CONDITION FOR	VHICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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O HOSPITAL OR ATTENDING P etorned by the hospital or attent TO FUNERAL DIRECTOR: After the Should be detached for use as the with the State Dept. of Health and MPORTANT: If them 21 is marked	<	220.1 certify that (1) (this hasp	at) view the body after death,	DEGREE ATTENDING		224. DATE SIGNED
TO HO retaine 170 FU shauld with th	23a.	Stanley Bys		Easton. 23c. NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
BP		Burial	3-13-81	Greensboro \		Caroline Md.
DHMH-16 30M 2/80 (VRA 15, 4)	2	UNERAL DIRECTOR	laws Le	PRESS 250.	DATE REC'D. BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE

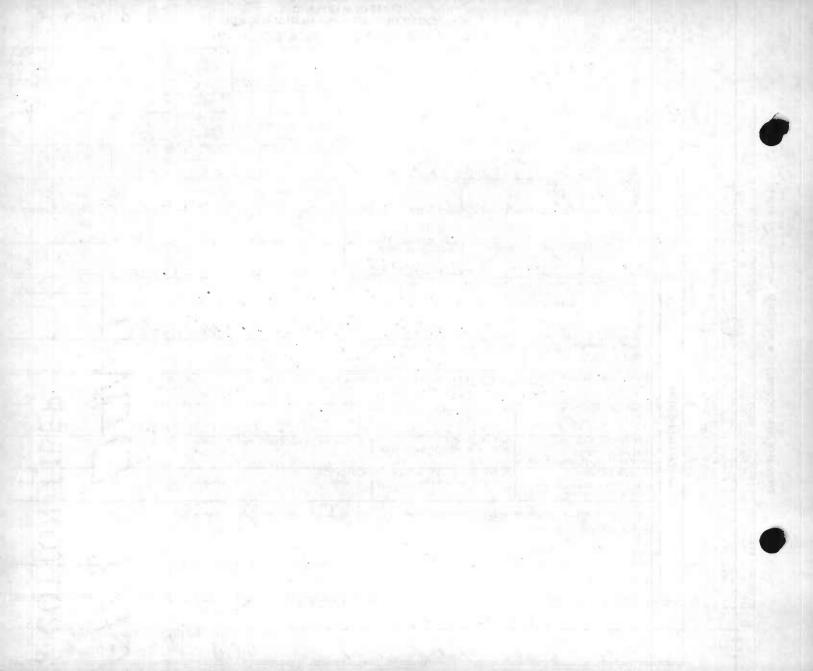
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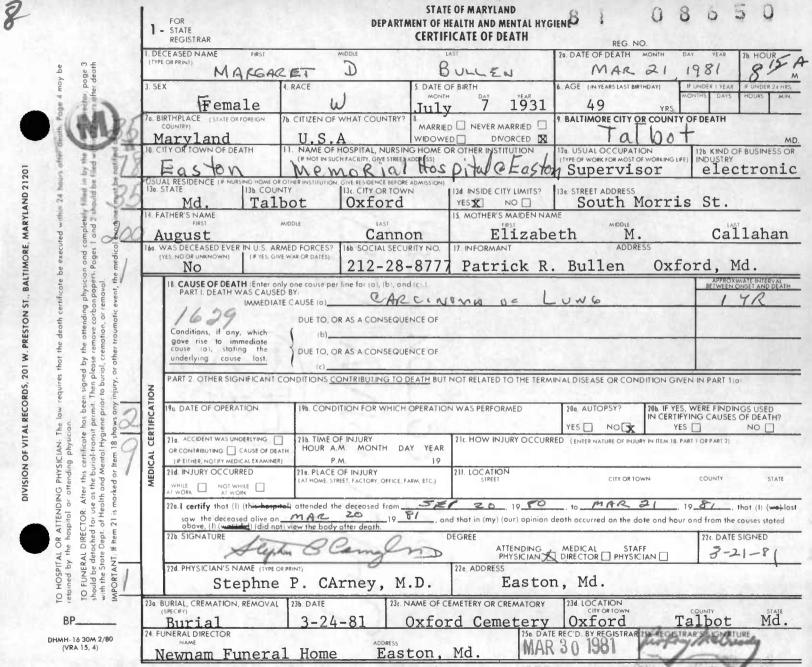


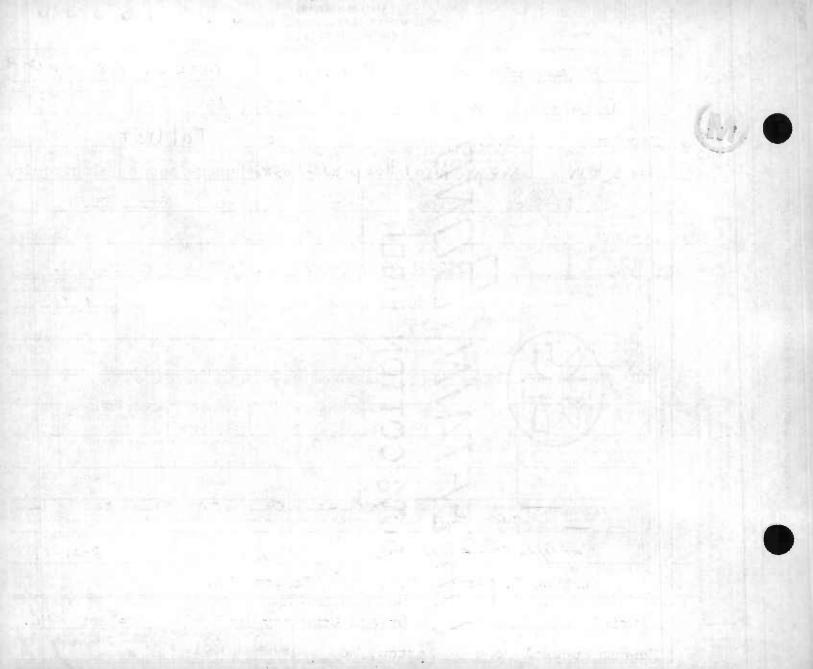
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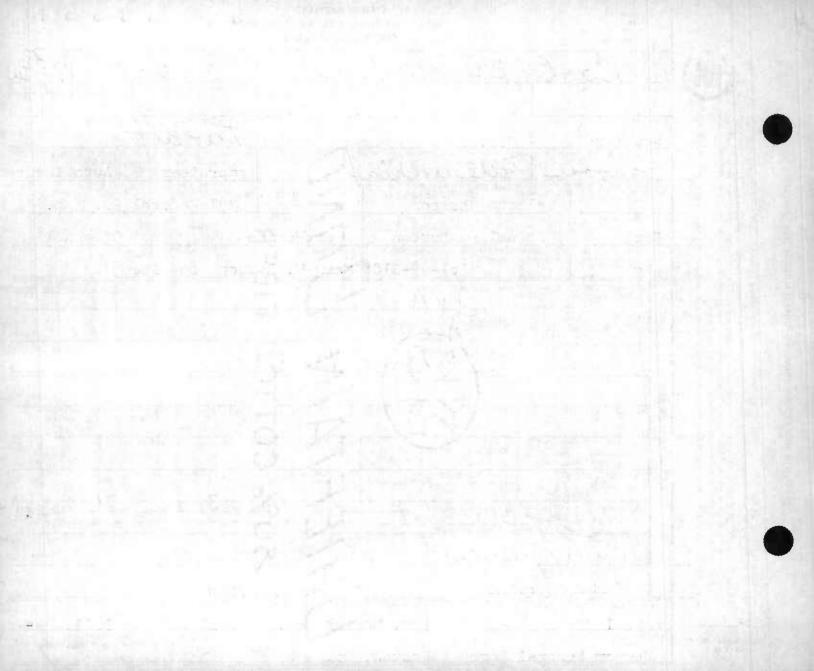
	STATE OF MARYLAND
1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	PECEASED NAME AND DE LAST AND
ASE DR. JRS ET,	DEATH MATED 1 3 /3 198/ 5 mm
B. GWE PAGES 1, 2, AND 31 O'THE TUNBRAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. I. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS. DIVISION OF VITAI RECORDS, 301 W. PRESTON STREET.	MANTE CONTROL TO DATE
353	136 1090 3 28 12 68 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED 3-13-8/19
Z ES	SIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
3523	Ma 115 A WIDOWED DIVORCED Tallyst MD.
10.8	TRY OR TOWNOR DEATH II. NOME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS
ATES X	FOR MOST OF WORKING LIFE) OR INDUSTRY
usu usu	AL RESIDENCE (IF IN NURSI) — E OR OTHER HISTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
2 (130.	STATE IN COUNTY IN CITY OF TOWN IN IN INSTRICT ADDRESS, YES NO WES NO WE WANTED WITH WE WERE NO WES NO WE WANTED WITH WE WE WANTED WITH WE WENT WE WANTED WITH WE WE WANTED WITH WE WANTED WITH WE WANTED WITH WE WANT WIT
14 F	ATHER'S NAME IS MOTHER'S MAIDEN NAME
17/1)	FIRST MODE LAST
5 160.	WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
2	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
NIS =	No Jak Jeffigy Commany Byann
	18 CAUSE OF DEATH (Enter only one cause perving for (a), (b) and (c) PART I DEATH WAS CAUSED BY:
I, CREMATION, OR REMOVAL.	IMMEDIATE CAUSE (a)
AL.	Canditions, if any, which
O ¥	gave rise ta immediate
X XE	cause (a) stating the under- lying cause last. DUE 10, ON AS A CONSEQUENCE OF
Ō	12 1 Co New March Parkett
2	PART 20 THER SIGNATION CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AT COMMITTED LIVEN IN DEAT 1 IA.
BURIAL, CREMATION CERTIFICATION	Haus Both unmedical 1070 Vg - COTO DI Computation
5 5	196. CONDITION FOR WHICH OPERATION WAS PERIOD MED?
4 - I	57581 DK TENTEN HAMMEN BLANCK YES IN NOW
E S	216. EXTERNAL CAUSE WAS 116. TIME OF INDICE. UNDERLYING OR HOUR A.M. MONTH DAY YEAR.
PRIOR TO MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19
21201 PRIOR TO BURI	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, WHILE NOT WHILE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) STATE STATE
	WHILE AT WORK AT WORK ONLY FARM, ETC.)
212	220. I certify that I taaly charge of the remains described abave, held an Autapsy . Inquiry . Inquiry . and in my apinian
Š.	death resulted from Harving Course Accident . Swinde . Harvinde . Undetermined manner .
315	TOTAL SPECIFIC AND A SECOND ASSESSMENT OF THE PROPERTY OF THE
W	ACTUAL \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Ä,	SIGNATURE MEDICAL EXAMINER SIGNED 1
N OK	EXAMINER'S NAME (TYPE OR PRINT)ADDRESS
7 23n F	BURIAL (REMATION, REMOVAL 236, DATE 231, NAME OF CEMETERY OR CREMATORY 236, LOCATION
BALTMORE, MARYLAND, 21201 PRI	CITY OR TOWN COUNTY STATE
	SPECIFY OR CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STATE COUNTY

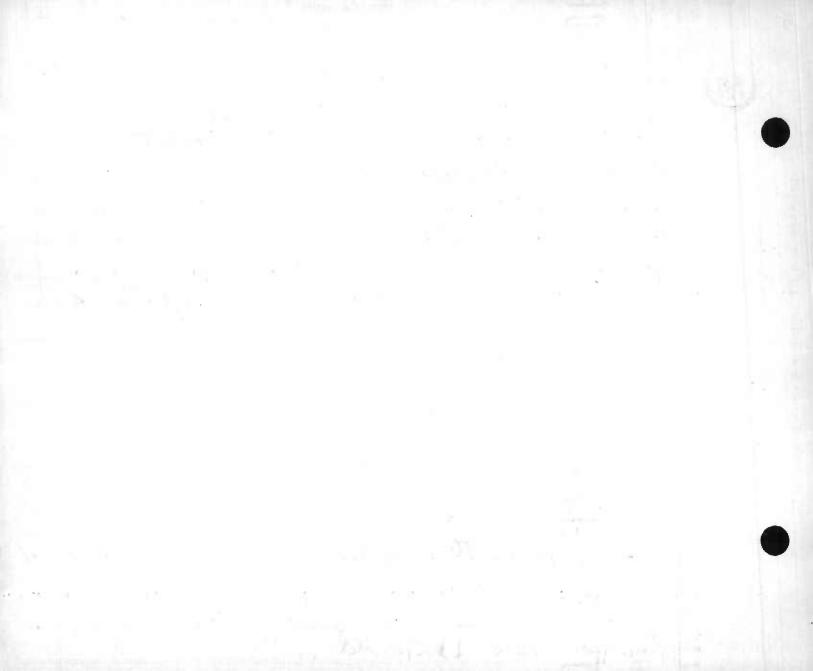






		1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1 0 8 6 5 1 REG. NO.
тоу be	dee 3	{TYP{	OR PRINT)	B. Burton	3-19-81 YEAR 26 HOUSE
4	director	J. SE	ale	4 RACE S. DATE OF BIRTH MONTH DAY YEAR Feb. 20 1909 7	(IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS HOURS MIN. 2
deoth. Poge	funerol dir thin 72 hou d oppose.		RTHPLACE (STATE OR FOREIGN COUNTRY) WYOTK		MORE CITY OR COUNTY OF DEATH CLE CLEOT MD.
ofter	by the fu	10. C	TY OR TOWN OF DEATH	(IF NOT,IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF	JAL OCCUPATION WORK FOR MOST OF WORKING LIFE) Praiser Auto Insurat
MARYLAND 2120 ed within 24 hours	filled in hould be	3a 3	Md. Ta	lbot Easton YESXX NO□ 2	eet ADDRESS 01 Federal St. Apt. 15
	ompletely 1 and 2 sl	С		amuel Burton Is. MOTHER'S MAIDEN NAME FIREST Katherine	O'Donnell
BALTIMORE,	Poges	(VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) I IF YES, C	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 161-09-3188 Mary W. Burto	n see item #13
201 W. PRESTON ST.,	n signed by the ottending physicia Then please remove corbonpopers to burial, cremotion, or removal. injury, or other traumotic event, the	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DBY: DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	APPOXIMATE INTERVAL BETWEEN ONSET AND DEATH SETWEEN ONSET AND DEATH EASE OR CONDITION GIVEN IN PART 1(0)
AL RECO	sicion. ote hos been nsit permit. Sygiene prior shows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 A YES	NUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES
DIVISION OF VITAL RECORDS,	P IS	MEDICAL CE	110. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 11d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	ER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)
Z.	oitol or offen TOR: After the for use os the of Heolth ond 21 is morked o	WE	WHILE AT WORK AT WORK 176. I certify that (1) this box	(AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET STREET 101 ottended the deceosed from	COUNTY STATE 3 / 19 / 1, that (I) Colors curred on the date and hour and from the causes stated
HOSPITAL OR	retoined by the hospit TO FUNERAL DIRECTG should be detoched for with the Stote Dept. of		22d PHYSICIAN'S NAME (1) William J.	ATTENDING MEDIC PHYSICIAN DIREC	
5	£ 5 € ₹ ₹ 		URIAL, CREMATION, REMOVA	23c NAME OF CEMETERY OR CREMATORY 23d. L	OCATION CITY OR TOWN COUNTY STATE
14 1-100	3P		urial INERAL DIRECTOR	3-20-81 Mt. Moriah Cem. P	hiladelphia Phil. Pa. BY REGISTRAR 256. REGISTRAR'S SUSATURE
	H-16 30M 2/80 VRA 15, 4)		Newnam Funer	ADDRESS AAAD 2	4 1981 horry Melindy





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11 2			STATE OF MARYLAND	as a line
A	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 5 5 4
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME A FIRST	OF ESTI.	ONTH DAY YEAR 26 HOUR
		XIEORG	10 ROVER GOUGH DEATH MATED A	3.6 1981 12:10M
1	3 SE	A. RACE	STRATE OF BIRTH 1 Q 1 5 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	ONTH DAY YEAR 24 HOUR
1		MIM	Z 19 15 66 YRS.	6 6 1981 123m
	7a. B	IRTHPLACE ISTATE OR		OUNTY OF DEATH
(P	ennsylvania	USA WIDOWED DIVORCED TA / be	AD.
7		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF)	WORK 112b. KIND OF BUSINESS
X	1 2	EASTEN	(IF NOT IN SUCH AGEILLY, GIVE STREET ADDRESS) FOR MOSSION WORKING LIFE) FOR MOSSION WORKING LIFE)	State of Md.
7	USU	AL RESIDENCE IE INNURSING HOSE OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COTTECTIONAL UITI	cer
1	113a. S	TATION I TAIL THE COUNTY	Anne sittanson wille in inside (ity limits? Itse. street address P. D. #1, Box 1	32
2	14 F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
1		George Wash	ington Clough Laura Virginia	Holtzman
-	160	WAS DECEASED EVER IN U.S. ARM		.D. #1, Box 132
)	(YES, NO, OR UNKNOWN) (IF YES, GIVE W	ARORDATES) 218-16-5779 Mrs. M. Virginia Clough, Gr	
	1	PART I DEATH WAS CAUSED	one cause per line for (o), (b), ond (c).) BY:	BETWEEN ONSET AND DEATH
	1-3	14100 IMMEDIATI	CAUSE (o) CONDACY OCCUSION DUE TO, OR AS A CONSEQUENCE OF	
OR REMOVAL.		Conditions, if ony, which	DUE TO, OK AS A CONSEQUENCE OF	
S S		gave rise to immediate	(b)	
		couse (a) stoting the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
1	7	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH DUT NOT RELATEO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
_	CERTIFICATION	19s. DATE OF OPERATION	W. CONDITION FOR WILLIAM OF THE PROPERTY OF TH	
-	N S	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
\leq	1 =	210 EXTERNAL CAUSE WAS	AN THE OF BUILDING	YES NO
<		UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
-	MEDICAL	CONTRIBUTING CAUSE OF D		
		21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY AT HOME. STREET, FACTORY, FARM, ETC	COUNTY STATE
		AT WORK AT WORK		
		220. I certify that I took charge	af the remains described above, held an Autopsy , Inspection , Inquiry , and in	my opinion
	1	death resulted Iram: Natura	of coures . Accident . Suicide . Homicide . Undetermined manner .	
THE THE THE			, A Man Har TITLE (SPECIFY)	
		SIGNATURE ZEW	is J. OVELTY M.D. FOV D MEDICAL EXAMINER	DATE 3-6-81
BALTIMORE, MY			118-1-11	
and.		EXAMINER'S NAME Louis	S. Welty ML LIV ADDRESS Easton, Md. 21601	
	23a.1	BURIAL, CREMATION, REMOVAL 23		COUNTY STATE
	1	Cremation M	ar.6, 1981 Cedar Hill Crematory Washington,	D.C.
	24. F	UNERAL DIRECTOR Banton	250. DATE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
	Ja	ames H. Barton,	Jr., Centreville, Md. 21617 MAR 1 1 1981	

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IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND A		REG. N	10.	8 0	3 3	
	1 DECEASED NAME	FIRST	MIDDLE	L.	AST		2a DATE OF DEATH		DAY YEAR	2b. HOURA	
	(TYPE OR PRINT)	ALICE	Ε.	COC	KERLY		1	5-13	1-81	400	
	3. SEX	4 RACE		5. DATE C			6. AGE IN YEARS LAST 8	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	FEMALE		WHITE	01	12	13	68		MONTHS BATS	HOURS MIN.	
,	Ja. BIRTHPLACE (STATE	OR FOREIGN 76 CITIZ	EN OF WHAT COUN	ITRY? 8.	NEVER A	ADDIED [9. BALTIMORE CITY	OR COUNTY	OF DEATH		
5	MARYLAND		U.S.A.	WIDOWE		ORCED	TA	-160T	-	MD	
-	10. CITY OR TOWN OF		AE OF HOSPITAL, N	URSING HOME O		ITUTION	12a USUAL OCCUPAT			F BUSINESS OR	
3	Easton	/	memor	. / 1/	SOPITA	1	PACKER	DE WORKING LIE		COMPANY	
1	JUSUAL RESIDENCE (# N	NURSING I OR OTHER INST	TITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	I I I I I I I I I I I I I I I I I I I	77 1 11 17 5 0		7-4	1	OCHILINI	
1	MARYLAND	No.	NES CHES		13d. INSIDE CI	NO 🔀	BOX 570 H	ARROR	DR TVF	21610	
	14. FATHER'S NAME				15. MOTHER'S		MÉ	MEDOR	DICTALL	21019	
pri.	ERVY	MIDDLE	HOE			LARA	MIODIE		BASFORI		
	16a WAS DECEASED EV			SECURITY NO.	17 INFORMAL		B ADDR	ESS	DASTON	,	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR D		22-2238	MARY .	JANE LA	ARGENT 927	SOUTH	RIDGE I	ROAD	
	18 CAUSE OF DE	ATH (Enter anly ane ca	use per line for (a), (b), and (th.)	_ ^					MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)									
	2503		TO, OR AS ACONS	courtness *	1	-/	0.11				
ľ	Conditions, if a		(b)	when	IVL	m	whath		-		
	gove rise to cause (a), sto	immediate	TO 00 15 1 60 1	SEQUENCE OF		1	0		100		
	underlying co		TO, OR AS A CONS	SEQUENCE OF			/	-1/5/7			
		IGNIFICANT CONDITIO	ONS CONTRIBUTION	TO DEATH BUT	MOT RELATED	TO THE TERM	INAL DISEASE OR COM	IDITION GIV	EN IN PART 1	al	
	190. DATE OF OPE	142 H	1c Un	mue 1	141						
7	NO DATE OF OPE	RATION 19b	CONDITION FOR W	HICH OPERATION	WAS PERFOR	RMED	20a AUTOPSY?		, WERE FINDIN		
	ET I						YES NOW	YES		NO 🗆	
	OR COLUMN TO LOUIS		TIME OF INJURY UR A.M. MONTH	DAY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 P	ART 1 OR PART 2)		
	OR CONTRIBUTING	_ CAUSE OF DEATH	P.M.	19	- 1						
	CALL STATES OF THE STATES OF T		PLACE OF INJURY	SEICE EARM ETC.)	211. LOCATIO	N	CITY OR TO	OWN	COUNTY	STATE	
	- MULTE NO	WHILE WORK	ONE SHEET, FACTOR O	TICE, FARM, ETC.)			-1.		01		
	22a.l certify that	(I) (this haspital) atten	ded he deceased f	rom y /	19	, 19 41	, ta	3	19.01	that (I) (we) last	
	saw the dece abave, (1) (we	eased alive an	horty after death	19 0/ , an	d that in (my) (our) opinion (death accurred on the c	late and hau	r and from the	couses stated	
	226. SIGNATURE,	MY KI	1. 10		DEGREE			3 100	22c. DATE	SIGNED	
		Now WH	Novel	1- 1		HYSICIAN D	MEDICAL STA		311	3/8/	
	224 PHYSICIAN'S	NAME THE DRIPPING	0		22e. ADDRESS	~		1		7	
	1	(100V	1		Wall of	MAS	STON N	10			
	230 BURIAL, CREMATIO	N, REMOVAL 138 DA	ATE .	23c NAME OF CE	METERY OR C	REMATORY	23d LOCALION				
	BURIAL	03	-16-81	GOOD	SHEPHE	RD	ELLICOTT	CITY	HOWAR	D MD.	

DHMH-16 30M 2/80 (VRA 15, 4)

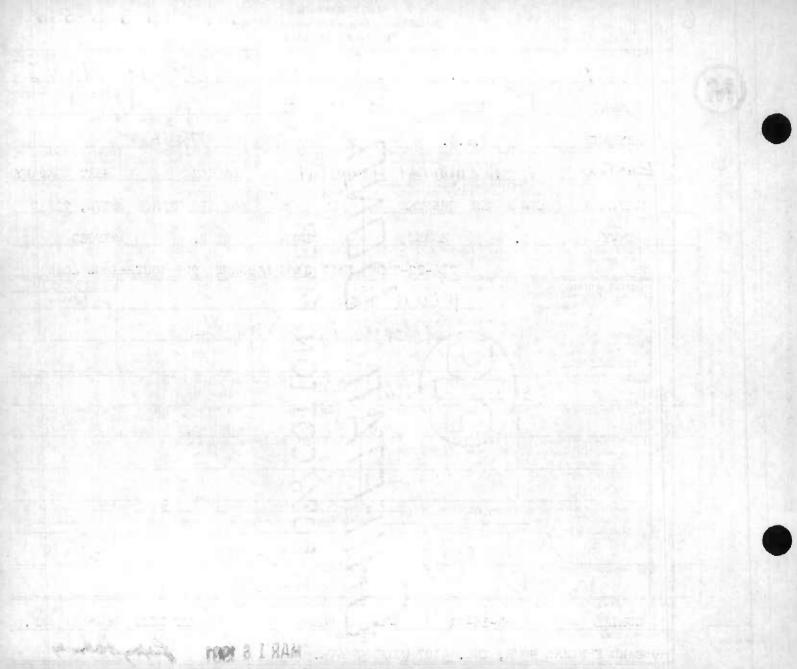
24 FUNERAL DIRECTOR ADDRESS 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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ELLICOTT

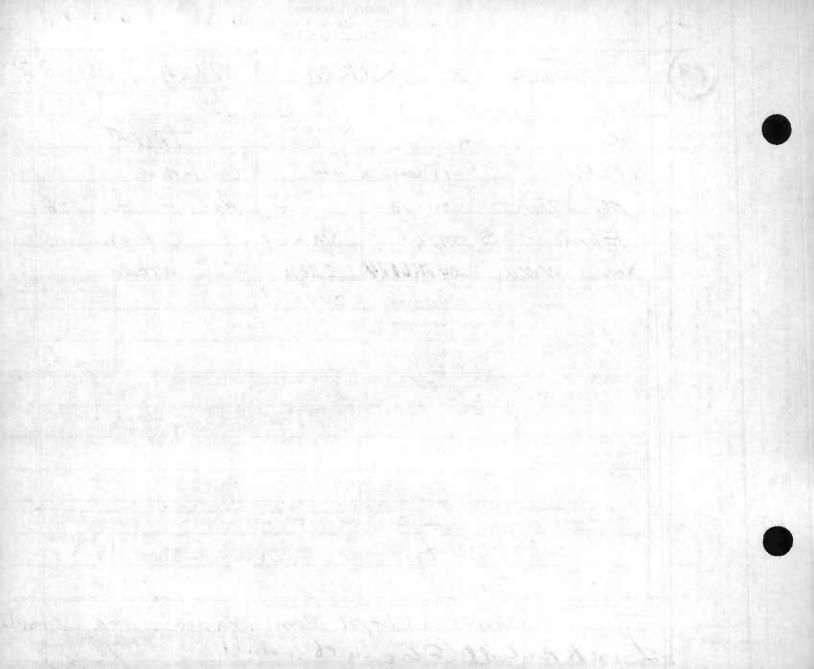
CITY HOWARD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 1 6 1881

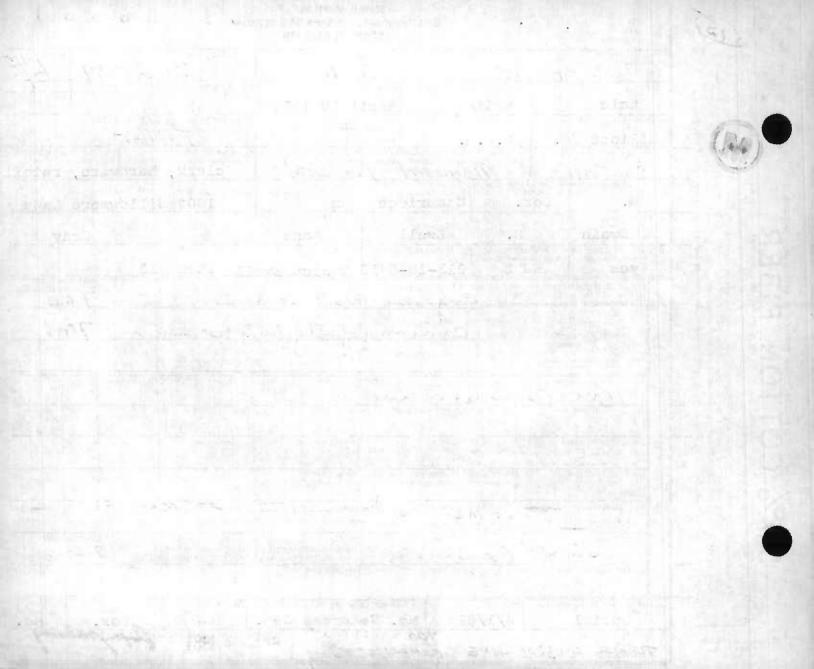


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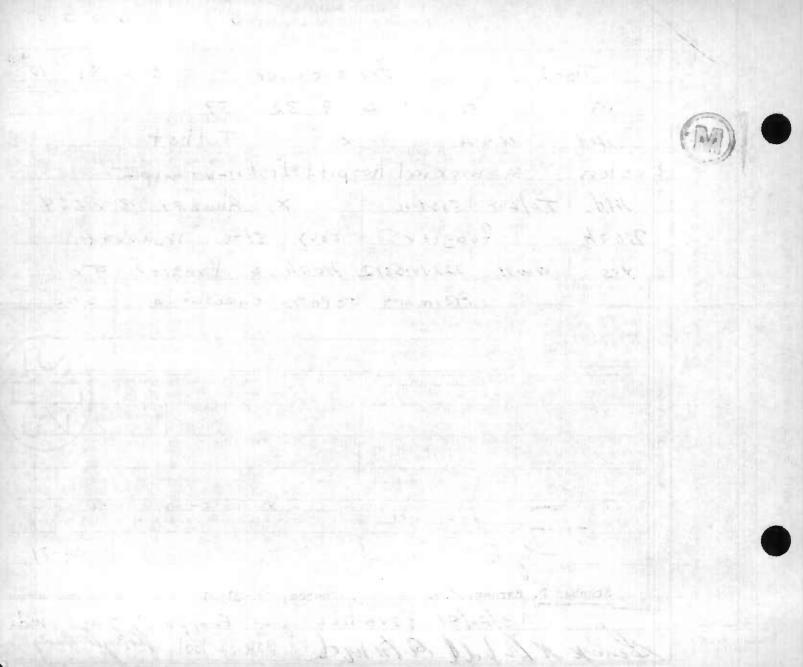
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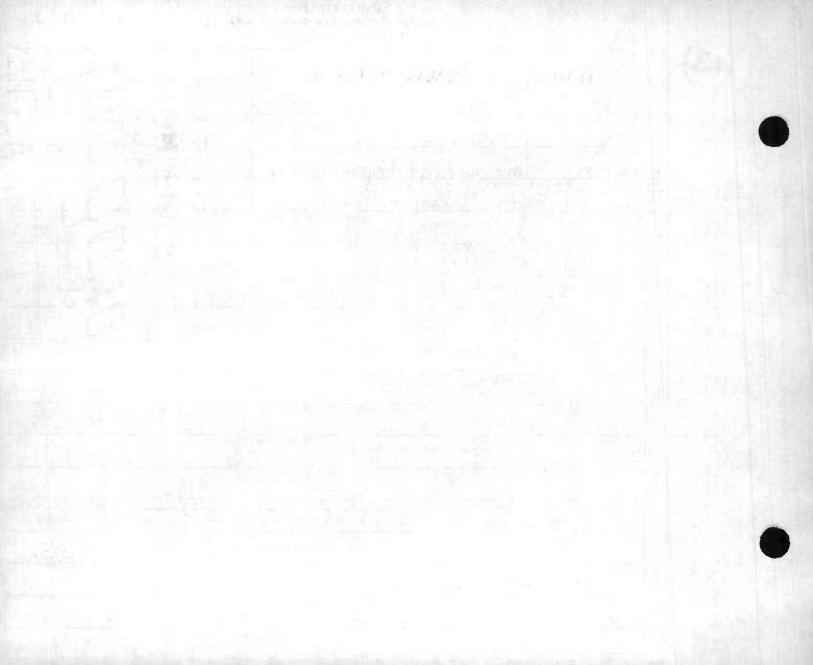
101/12 J	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		8 REG. N	0 8	6 5	8
deoth deoth		CEASED NAME RIPST	ert	DDLE	E	well		DATE OF DEATH	- 28	-81	6 45 6 8 M
rs after	3. SE	male	white		S. DATE C	DAY Y	YEAR	AGE (IN YEARS LAST BII	YRS.		FUNDER 28 HRS
35	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W		MARRIE WIDOWE	NEVER MARR	RIED 🔟	BALTIMORE CITY C		DEATH	MD
· 記7名		TY OR TOWN OF DEATH	11. NAME OF HO		G HOME C	ROTHER INSTITUTION	ION 120	USUAL OCCUPAT PE OF WORK FOR MOST O	OF WORKING LIFE)	12b. KIND OF E INDUSTRY	BUSINESS OR retail
35	13a S	AL RESIDENCE (IF NURSING HOME OF TATE	YTY 1	TVE RESIDENCE BEFORE 30 CITY OR TOW Cambrid	N	13d. INSIDE CITY LI YES NO		STREET ADDRESS	Willow	- 36	
) (S	I4 FA	THER'S NAME Swain	MIDDLE R.	Ewell		15. MOTHER'S MAI		WIDDLE		Gra	v
2 medicol			E WAR OR DATES)	66 SOCIAL SECU 213-18-		17 INFORMANT		ADDR 1 Item			
eose remove caroonpop od, cremotion, or remavol or other froumatic event, i		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR A	AS A CONSEQUE	NCE OF	opathy	due t	à Adeian	učiv	2.	10
burial-transit permit. Then pl Mental Hygiene prior to buri or Hem 18 shows any injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION	e leu	heme	ia	NOT RELATED TO T	D	L DISEASE OR CON	20b. IF YES, W	VERE FINDING	S USED F DEATH?
or Hem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAL OF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. P.M. 21e. PLACE OF	. MONTH DA	19	211 LOCATION STREET		ENTER NATURE OF INJU	RY IN ITEM 18 PART		STATE
them 21 is mort	,	WHILE NOT WHILE AT WORK 220 I certify that (I) (the base) sow the deceased alive on abave, (I) (was falled) 22b. SIGNATURE	28 M	Ar 19 8	, or	DEGREE		h occurred on the d		nd from the cou	ONED
Should be detached for us with the State Dept. of He IMPORTANT: If Hem 21 is	23a. B	22d. PHYSICIAN'S NAME (TYPE O		23c N	AME OF C	ATTEN PHYSI 220. ADDRESS EMETERY OR CREM	ICIAN 🔎 DI	RECTOR PHYSIC	CIAN []	3-19	6
		burial	4/1/8		l. Ve	terans	Cem.	Beulah	Do	ounty Or . / o	Md.
I-16 30M 2/80 /RA 15, 4)		HOMAS FUNERA	L HOME	ADDRESS ADDRESS	RIOGI	>1 >1	25 APPIRE	C'DZBY 1981RAR	25b. R 5 1510		- A



8. /	1/	FOR	STATE OF MARYLAND	1 6 5 9
	11	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH D.	AY YEAR 26. HOUR
y be	1	Moah	3. Frazier-sy 32	181 11
4 mg	3. SE	X	MONTH DAY YEAR	ONTHS DAYS HOURS
Poge	₹a 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? B. 9. BALTIMORE CITY OR COUNTY	OF DEATH
the second secon	1	COUNTRY)	MARRIED NEVER MARRIED TALLAT	OF DEATH
er d	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION AT TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINES
2	E	aston	Memorial HospitaloLuston-machine outling	INDUSTRY
4 how a led in lid be with be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	136. CITY OR TOWN 138. INSIDE CITY LIMITS? 138 STREET ADDRESS	
rely fill should be should	14. F	ATHER'S NAME	160+ 535+on YES NO & ROLL OF Y	3 cy 564
ompleti ond 2	1	mash A	MIDDLE GLOSCEY EDVY EXTER MIDDLE	LAST
2 0 0			MED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	vad
be execu		yes WI	1 1 2 2 2 4 5 2 2 1	J.
rote cate appropriate appearance		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far (o), (b), and (c).)	APPROXIMATE INTERVI
ertifi g pk bong remo			ECAUSE (a) PRIMARY HEPATIC CARCINENA	640
tendi e cor on, or		/35 O	DUE TO, OR AS A CONSEQUENCE OF	
he de emovement		Canditians, if any, which gave rise to immediate cause (a), stating the	(b)	
that the the design of the contract of the con		underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
one gare	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
, o - o	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES,	WERE FINDINGS USED
	TIFIC		IN CERTIFY YES NO YES	ING CAUSES OF DEATH
	- ~	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
N. The landscion.	ä			RITOR PART 2)
SICIAN: The physicia physicia certificate I vial-transit entrol Hygie Item 18 sha		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	RI T OR PART 2)
HYSICIAN ading physics certifice buriol-tro J Mental H	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHEY MEDICAL EXAMINER) 21d INJURY OCCURRED	TH HOUR A.M. MONTH DAY YEAR	
HYSICIAN ading physics certifications buriel-tro buriel-tro I Mentel H		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STA
ENDING PHYSICIAN I or otherding physical or other ding physical or use as the buring-transfer and Americal Health and Americal American I is marked or them 18		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 1 certify that (1) [T	HOUR A.M. MONTH DAY YEAR 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN	COUNTY \$17
haspital or attending physician haspital or attending physical or attending physical RECTOR: After this certificated for use as the burial-trapit, of Health and Mental H, tem 21 is marked or hem 18		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN	COUNTY STA
OR ATTENDING PHYSICIAN he haspital or attending physician DIRECTOR: After this certifica lackhed for use as the burial-trains Dept. of Health and Mental H, If hem 21 is marked or hem 18		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE ALWORK 220 1 certify that (1) [Teleson of the deceased alive an obove, (1) (with) (did) (did not) 22b. SIGNATURE	HOUR A.M. MONTH DAY YEAR P.M. 19 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN 212 VIEW the bady after death. DESTREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	COUNTY STA
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OR ATTENDING PHYSICIAN he haspital or attending physician DIRECTOR: After this certifica lackhed for use as the burial-trains Dept. of Health and Mental H, If hem 21 is marked or hem 18	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22e 1 certify that (1) (Its saw the deceosed alive an obove, (1) (we) (did) (did not 22b. SIGNATURE) 22d PHYSICIAN'S NAME (THE STATE OF DEATH OF DEAT	HOUR A.M. MONTH DAY YEAR P.M. 19 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN 10 yiew the bady after death. 212 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN	COUNTY STA



	1					OF MARYLAND	0 1	0 8 5	6 0
	1.	FOR STATE REGISTRAR		DEPARTM		ALTH AND MENTAL HY		0 0 0	0 0
100		CEASED NAME FIRST		MIDDLE	LA	ST	REG. NO	MONTH DAY YE	AR 26 HOUR A
a (70)	{TYPI	Alic E		GENEVA	Gib	son		3 18 8	20 4
You	3 SE		4 RACE	Procesa	5 DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS
Poge 4 director nours aft		F	U	J	Sept	. 1 1919	61	YRS MONTHS E	DAYS HOURS MIN.
		IRTHPLACE ISTATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	н
er death. er funeral within 72	_	aryland	U.S.		WIDOWED	DIVORCED [Talk	o t	MD.
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7 -	ITY OR TOWN OF DEATH		HOSPITAL, NURSING H FACILITY, GIVE STREET		OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b KIII F WORKING LIFE) INDUS	ND OF BUSINESS OR
_ 0 5 5//		AL RESIDENCE (IF NURSING HOME O			1020	elaston	Housewife	2	
MARYLAND 2120 ed within 24 hours ond 2 should be fill examine finishen examine fills and a should be fill a should be fil	13a	Md. Tal	bot	13c CITY OR TOWN	V 1	13d INSIDE CITY LIMITS? YES NO 🔀	R.D. #1	Box 286	5
within within	10	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST
		illiam	J.	Smith		Alice			nes
BALTIMORE, one be executed to pers. Pages lovel to the medical to		VAS DECEASED EVER IN U.S. AT YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES?	166 SOCIAL SECUR		17 INFORMANT	ADDRE		
TIM be e s. Po s. Po		No		218-24-4	4484	Lester A.	Gibson, S	Sr. see i	tem #13
ST., BAL prinficate g physici ampaper emaval event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly ane cause per ED BY: .TE CAUSE (a)	Chroni		spiriting !	Failure	BEÎV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
8 0 6		4960	DUE TO, O	R AS ACOUSTON	NCEOF			4-54-3	
	10	Conditions, if any, which gave rise to immediate	(b)	COT	1)	3316-1-138			
. + + - 0 0		cause ia, stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF				
201 W sed by please urial, cr			(c)						
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DNIRIBUTING TO D	EATH BUT N	NOT RELATED TO THE TERM	ainal disease or cont	DITION GIVEN IN PAR	IT I(a
COR w rea	CERTIFICATION	196 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
TALRE The la cicion. The has better part permanent perma	A E						YES NO	IN CERTIFYING CAL	NO [
ON OF VITAL R IYSICIAN: The li ding physicion. s certificate has buriol-tronsit per Mental Hygiene Ar Item 18 shows	T W	21a ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR		Y IN ITEM 18, PART 1 OR PAR	12)
SICIA ng pl certif certif inial-t lifem	CAL	OR CONTRIBUTING CAUSE OF DE	nin		19	- 12 100	The same of the sa		
VISION Thending the burning ond Me ked or Its	MEDICAL	214 INJURY OCCURRED	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
DIVISI or other or other the After the of the ord marked	1	AT WORK AT WORK			,	2-7-	10	7	
Z = 2 5 2 5		22a.1 certify that (I) (this hasp			801	that in (my) (our) apinion		19 01	, that (I) (we) lost
A S D T E	10	saw the deceased live or above, (I) (we) (did) did no 22b, SIGNATURE	at) view the body	ofter death.		EGREE	death accurred on the do		
		10. SIGNATURE INDU	Hala	700		ATTENDING	MEDICAL STAF	F -2	ATE SIGNED
HOSPITAL ned by the FUNERAL old be detern the Store	-	226. PHYSICIAN'S NAME (TYPE	OR PRINT!	1		22e. ADDRESS	PHYSIC	IAN	110/01
		FRAST	non/	shel his	200	. E	ACMINA	1	
To shoot shoot	23a I	BURIAL, CREMATION, REMOVAL	23b. DATE	, , ,	AME OF CF	METERY OR CREMATORY	23d LOCATION	7	
BP	(Burial	3-20			d Cemetery	Oxford	Talbo	state Md.
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	1 3-20	ADDRESS	ALUL	ST PE		256 REGISTRAR'S SIG	NAJURE
(VR A 15 (4))	N	lewnam Funera	1 Home		ston	. Md.	W = 1001	-	



5. Early 198 1 3 3. The transfer of the property of the second s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

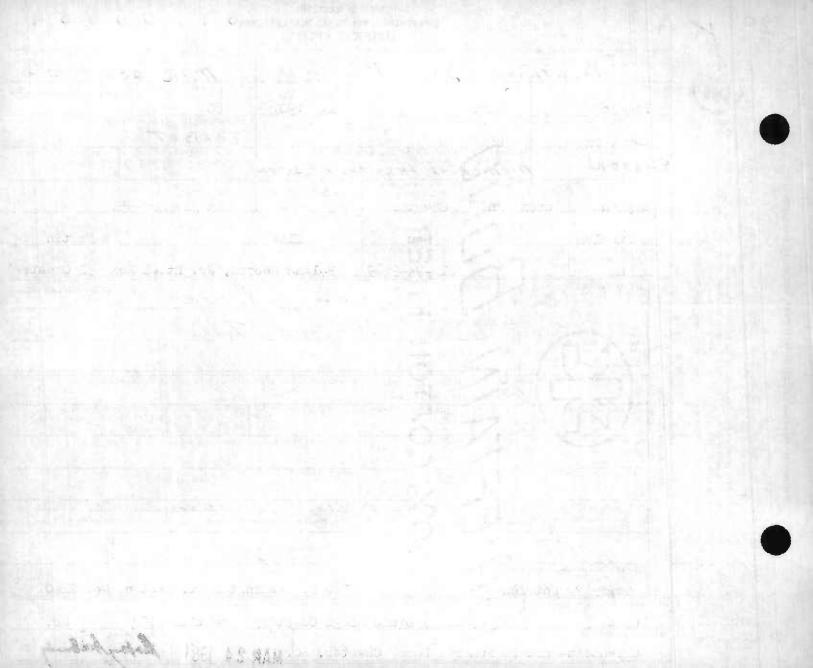
FOR

- STATE

	1	FOR			DEPARTMENT OF	HEALTI	AND MENTAL	HYGENE	U O	00	J
-4	1	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							1
/		CEASED NAM	E FIRST		MIDDLE		LAST	20. DATE KNC		DAY YEAR	2b. HOUR
2 SHOULD BE FILED, WITHIN 72 HOURS TAL RECORDS, 201 W. PRESTON STREET,	(TY	PE OR PRINT)	John		Michael	H:	estings	OF ES DEATH MA	TI- 🚾	7 1981	
REE	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN		NDER 1 YR. IF UNDE		MONTH	DAY YEAR	M HOUR
1		-		MONTH DAY	YEAR LAST BIRTH	DAY) MONT	HS DAYS HOURS	MIN. PRONOUNCED			3:23
		ale	White	Feb. 25,	1960 21	YRS.		DE AD	3	7 1981	AM
16	FO B	RTHPLACE (5	TATE OR	76. CITIZEN OF WE		8. MARR	IED NEVER MARI	RIED (X)	CITY OR COUN		
		Maryla		U.S	S.A.	WIDOV	VED DIVOR	CED 🗆 Ta	Ibot Cou	nty,	MD.
	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	12a USUAL OCCUPATE FOR MOST OF WORKING	ON TYPE OF WORK	126 KIND OF B OR INDUS	USINESS
0		Trappe		Rout	te 50			Stevedore	(FE)	Longsh	
	USU.	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	SION)				Dongan	OI CHAIL
(130. 5	TATE Mossyla	HI36 COUN	rchester	Cambride	100	13d. INSIDE CITY LIMITS?	303 West E	nd Asso		
e d	14.5	Maryla ATHER'S NAMI		rchester	_ Campride	, e			nd Ave.		
7	/	FIR5 T		MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME MIDDLE		LAST	
1	-	Harold			Hastings		Thelma			wis	
7	160.	WAS DECEASE 'E5, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR		17. INFORMANT		DDRESS		
1	I	10			217-76-66	080	Mrs. The	lma L. Hasti	ngs, sam	e as 13	e
		18 CAUSE C	F DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)					APPROXIMA BETWEEN ONS	TE INTERVAL
	18	PARTIDE	ATH WAS CAUSE	m 011	Shotgun Wou	ind o	f Head			BETWEENONS	ET AND DEATH
>		95	5 / IMMEDIA	IL CHOOL (O)	AS A CONSEQUENCE						
JRIAL, CREMATION, OR REMOVAL		Canditia	ns, if any, which								
	1		se to immediate stating the under-		AS A CONSEQUENCE	0.5				_	
		lying car		DOE TO, OR	AS A CONSEQUENCE	OF					
				(c)						1	
	7	PART 2 DINER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a),			
	CERTIFICATION										
1	13	190 DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OP	RATION W	AS PERFORMED?			20 AUTOPS	(?
1	THE STATE OF THE S			VIII O						YES 😾	NO 🗆
5	W W		AL CAUSE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	N ITEM 18 PART 1 OR PA	ART 2)	
>		UNDERLYING	OR CALISE OF	DEATH 3:00 KM	. MONTH DAY YE	AR I	ubject sho				
	MEDICAL	21d INJURY		21e PLACE C		211 LC	CATION	. 50, 1			
	M.	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	D	STREET FO	T CITY OR TOWN	_co	Ibot	Md.
		AT WORK	AT WORK	stre	e1	KOL	ite 50	Trappe	I a	TDOT	MG.
		220 certi	fy that I taak char	ge of the remains desi	cribed abave, held an	Autop	ssy 🗓, Inspection	on , Inquiry	, and in my a	pinian	
		death result	ed Irom: Natu	ral causes ,	Accident	vicide X		Undetermined manner			
			1.	. 4 .	,		TITLE (SPECIFY)	ongoto mining monner			
		ACTUAL	brom	a Lah	la			nt MEDICAL EXAMINE	DATE	3/7/	81
-		SIGNATURE	Juna	700	7	^	I.D. 11331314	MEDICAL EXAMINE	R SIGNI	ED	
-	4	EXAMINER'S (TYPE OR PRI	NAME VI	rginia L.	Dolan, M.).	ADDRESS	III P	enn Stre	et	
Ballimore, mar individual series (1980)	23a. B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY C		236 LOCATION		AITV	Md
	1	SPECIFY) bu	rial	Mar. 10,1	981 Dorch	ester	Mem. Pk.	Cem. Airey; Ca	ambridge	Dorche	ster,
	24 F	UNERAL DIREC	TOR		Combridge	Mal "	1612 250. DATE	REC'D. BY REGISTRAR 2	Sh. REC'S RAR'S	IGN MURE	
	-	CTIRR	AN FINER	AL HOME 3	Cambridge, 08 High St	MG.	MA	R 9 1981	ALA.	telin	2.
		O LILL	TART L OTILINE	ر وسلماند سد	oo might of	,	1 111/14	0 1001	77		7

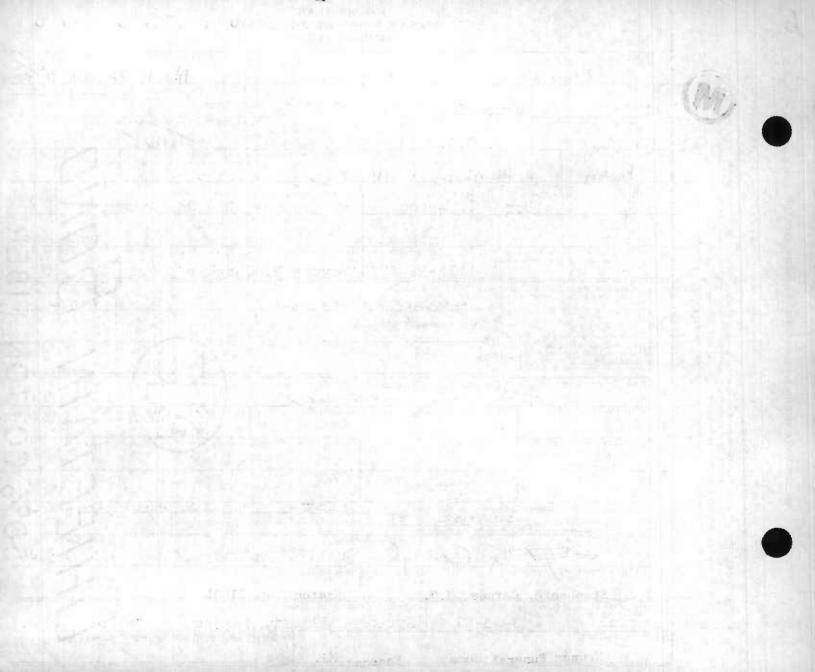
Transmitted to the second of t CURRENT TURBERT ROME, 100 MILES., ... 2151.

10	12	- 1		FOR			DEP		E OF MARYLAND EALTH AND MENTA	L HYGIEN	.8	0	8 6	6 4
	10		1 -	STATE REGISTRAR					ICATE OF DEATH		REG. NO			
	1			CEASED NAME BE	atrice	е "	IDDIE	H	êbden_	20.		March	DAY YEAR	26 HOUR
oge 3	deoth			Dec	rtRI	ice	77.	A	EBDEN		MAR	2 2	5 1981	10 A 1
of the	机)		3. SE		4.8	RAGE		5 DATE (AGE (IN YEARS LAST BIRT	HDAY]	IF UNDER 1 YEAR	IF UNDER 24 HRS
S. S.	3	A.		Female		White		3	11 190		80	YRS.		
rol d	72 ho	9		RTHPLACE (STATE OR FOR	EIGN 7b	CITIZEN OF V	VHAT COUN	MARRIE	NEVER MARRIE	D	BALTIMORE CITY O	_	OF DEATH	
2010	thin do	21		New York TY OR TOWN OF DEATH	1 11	USA NAME OF H	OSPITAL N	WIDOWI	D DIVORCED		TALB O		LIZE KIND C	OF BUSINESS OR
Dy	notifie	8	por.	57010	10		FACILITY, GIVE	STREET ADDRESS)		117	YPE OF WORK FOR MOST OF			71 BO3114E33 OK
filled in	ld be	0	USU/ 13a. S	AL RESIDENCE (IF NURSING	ME OR OTH	ER INSTITUTION (13c. CITY OR	TOWN	13d INSIDE CITY LIMI		STREET ADDRESS			
>	e ===	0		aryland I	Queen	Anne	Che	ster	YES NO 5		Rt #1	Box 4	51	
plere	ond 2	0	13.16	FIRST	MIDE	DLE	LAS		FIRST		MIDDLE		LAS	
		0	16a. V	Rudolph /AS DECEASED EVER IN	U.S. ARMEI	D FORCES?		SECURITY NO.	ELS	sa	ADDRE	SS	Mai	rtin
,	Poges	2	()	20, 110 011 011 11	IF YES, GIVE WA	AR OR DATES)		74-9189	CAN COLUMN TO SERVICE AND ADDRESS OF THE PARTY OF THE PAR	Hehde	en, Jr. Rt	#1 P	lox 451	Chester
	oers.			18 CAUSE OF DEATH	Enter only o	ne couse per l			NOTATO	Hebat	en, or . no	· 77 L	APPROX	IMATE INTERVAL ONSET AND DEATH
	movement,			PART I. DEATH WAS	CAUSED B	Y:	100 100 100 10 1	Pro	nessure	- 6	Fram		BEIMEEN	UNSET AND DEATH
guil	or rep			2219"	AMEDIATE C				1	11.5				
ttenc	ve co			Conditions, if ony, w	vhich (DUE TO, OR	AS A CONS	EOUENCE OF	Degene	na	tim			
	emo er tro			gove rise to immed couse (0), stoting	diate	DUE TO OR	AS A CONS	EQUENCE OF	V	-				
	ose r			underlying couse		(c)	AS A CONS	SEQUENCE OF					100	
900	buric ry, o			PART 2. OTHER SIGNIF	ICANT CON	IDIJIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	ETERMINA	L DISEASE OR CONE	ITION GIV	EN IN PART 1	0
F	of to		NOL		- 0	Pres	in	nia						
41.00	prid a	3	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDIT	ION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		, WERE FINDIN	
	Hygiene 18 show	1	RTIF					3			YES NO	YE		NO 🗌
	Hy 18	0	-	210. ACCIDENT WAS UNDER		11b. TIME OF HOUR A.M		DAY YEAR	21c HOW INJURY O	CCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2)	
4	Mental Ar Item	71	WEDICAL	(IF EITHER, NOTIFY MEDICAL		P.A		19						
	nd M		MED	21d. INJURY OCCURRED		2 Ie. PLACE C		FFICE, FARM, ETC)	211 LOCATION STREET		CITY OR TO	VN	COUNTY	STATE
6 30	lth o			AT WORK AT WORK				4	Van GO		vn -	.7.	F1	
	Heo Is n	-1		220. I certify that (1) (1) sow the deceased		offended the		Cal 1	nd that in (my) (our) op	ninion deat		· Ro		that (we) last
	a tof			obove, (I) (we) (did) (and not) vi	ew the body o	fter death		DEGREE	pinion deal	in occorred on the de	ile dila iloo	22c. DATE	
	te Dep		ī	220. SIGNATURE	eli	-h	N.		ATTENDI PHYSICI		MEDICAL STAF		M. DATE	SIGNED
YER/	be deto	3		22d. PHYSICIAN'S NAM	E (TYPE OR PRI	INT)		74.	22e. ADDRESS	-	Meerok E Triffold			
2 1	should be del with the Stote IMPORTANT:			Terry P.	Dėtri	ch			140 S. W	ashin	gton St. I	Eastor	n, Md.	21601
	£ 3 ₹-			URIAL, CREMATION, RE		3b. DATE		23c NAME OF C	EMETERY OR CREMAT		23d. LOCATION		COUNTY	STATE
				Burial		3/23	/81	Druid	Ridge Ceme	tery	Baltimo	re,	COUNTY	Md.
	M 2/80			INERAL DIRECTOR			ADD	0644	25	O. DATE RE	C'D. BY REGISTRAR	25h REAGE	RAR'S SIGNAT	TASE
5	, 4)			Helfenbein-	-Hubba	rd Fun	eral I	Home Ch	ester, Md.	MAR	24 1981	MA	7/100	Ready



13.218 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR HOLDEN (TYPE OR PRINT) ona 3 SEX AGE (IN YEARS LAST BIRTHDAY IF UNDER I YEAR MONTH DAYS Female Negro March 15. 1920 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH rol 72 MARRIED NEVER MARRIED Portsmouth. WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OF TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oyster Shucker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? filled buld b 13e. STREET ADDRESS Maryland Caroline YES [NOT Preston Rox 141/ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST LAST puo Walter Harrington Rosa Pigram ., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21655 (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! Harvey Holden, Rt. 1, Box 141A, Preston. 220-07-7073 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: enus 6 IMMEDIATE CAUSE (0) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 0 IN CERTIFYING CAUSES OF DEATH? be NO YES [NO [iol-transit Mentol Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. MEDIC 10 21d INJURY OCCURRED 21# PLACE OF INJURY 21f LOCATION ă CITY OR TOWN COUNTY STATE AT HOME. STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR sow the deceased alive on. , and that in (my) our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) yew the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED -MEDICAL ATTENDING STAFF MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be with the 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN Burial BP. Mar. 7 Zion Church Cem Preston Caroline Maryland 250 DATEREC DIBY REGISTRAR 251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

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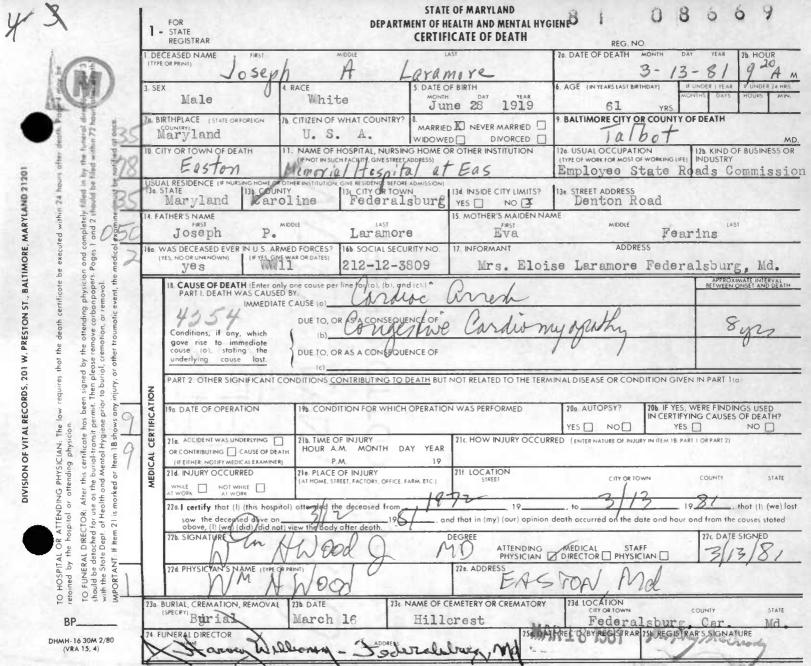


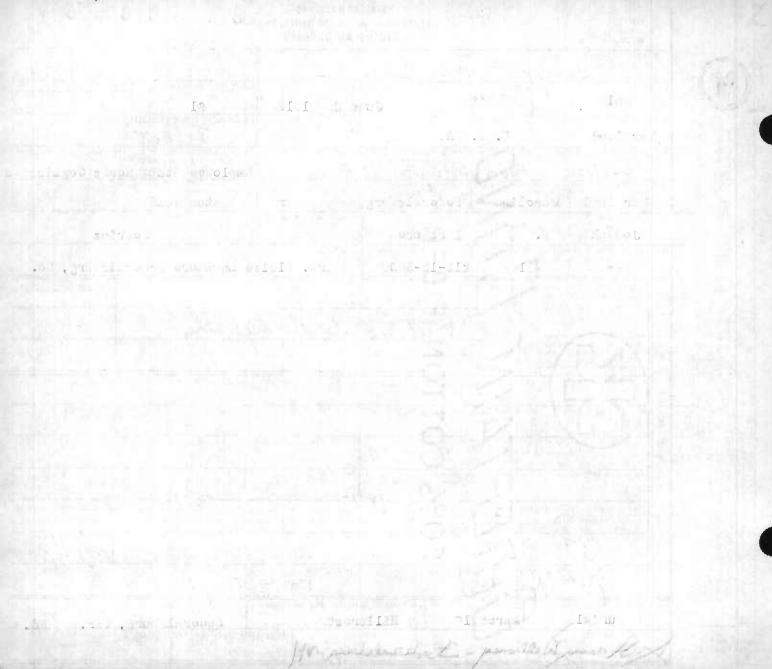
	1.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 0 8	300/				
		REGISTRAR			REG. NO.					
ъ ф ф		CEASED NAME FIRST BORGE	MIDDLE	Kibles/	20 DATE OF DEATH MONTH DA	8. 1981 S HOUR				
мом	3. SE	X	4 RACE	S. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR				
4 52 10 10 7		female	Cau.	5-16-19 YEAR	61 YRS.	NIHS DAYS HOURS MI				
Poge	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY C	F DEATH				
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s offer		Total	FINOT IN SUCH FACILITY, GIVE STREET	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126. KIND OF BUSINESS OF INDUSTRY None				
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within within d 2 sh	-	ATHER'S NAME		IS. MOTHER'S MAIDEN N	AME					
d completes I ond		Henry T. Was	rren LAST	Anna	Warren	LAST				
e execu		WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST		ADDRESS					
s. Poo		no	221-09-	5973 Robert Ki	bler Greensb	oro, Md.				
rtificate g physicie on paper emaval.		18. CAUSE OF DEATH (Enter of	BETWEEN ONSET AND DEAT							
			TE CAUSE (0) OVAR	IAN CARCINO	MA	2 YRS				
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PHYSIC ending this ce be buric ad Amen d or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	21f. LOCATION						
() ± 1 = 0 9	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE				
Pirte for of for		220. I certify that (1) (this happenal) attended the deceased from 11-3-80, 19, 10, 3-18, 19, 19, that (1) (we) los sow the deceased of the de								
2 4 0 0 0		22b. SIGNATURE	O O O	DEGREE		22c DATE SIGNED				
. E . J		Stephen	V. Comfini	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3-16-81				
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shod shod	23o 6	BURIAL, CREMATION, REMOVAL	. 123b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION					
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	STATE REGISTRAR		٨	DEPART/ MEDICAL I				AL HYGGEN	TH	J 8	5 0	0
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3. SE	X 4.	RACE	S. DATE OF BIR	TH	6. AGE (IN YEAR	IF UND		NDER 24 HRS.	2c. DATE	MONTH		R 2d. HO
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70. E	SIRTHPLACE (STATE			WHAT COUN			D NEVER A	AADDIED TO	9. BALTIMORE CIT	-		
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	ITY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NUE		OR OTHER	RINSTITUTION		JAL OCCUPATION	(TYPE OF WORK	12b. KIND OF	BUSINESS
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14. F	ATHER'S NAME		MIDDLE			1	5. MOTHER'S A	MAIDEN NAME		. De.		
	Willard	đ	MIDDLE		omas.	Tr.	Elno	r	Ann		Hall	Ehill
160.	WAS DECEASED E	VER IN U.S. AR	MED FORCES?		IAL SECURITY		7. INFORMANT		ADDR	ESS	Hal	
	No	7 (IF 165, GIVE	WAR OR DATES;	3 Bart			Elno	r Ann	Kimball	see	e item	#13
	18 CAUSE OF D	EATH (Enter an	ly ane cause per	line far (a), (b)	and (c).)			T. TICH	KEMIZATI		APPROXIM	ATE INTERVAL
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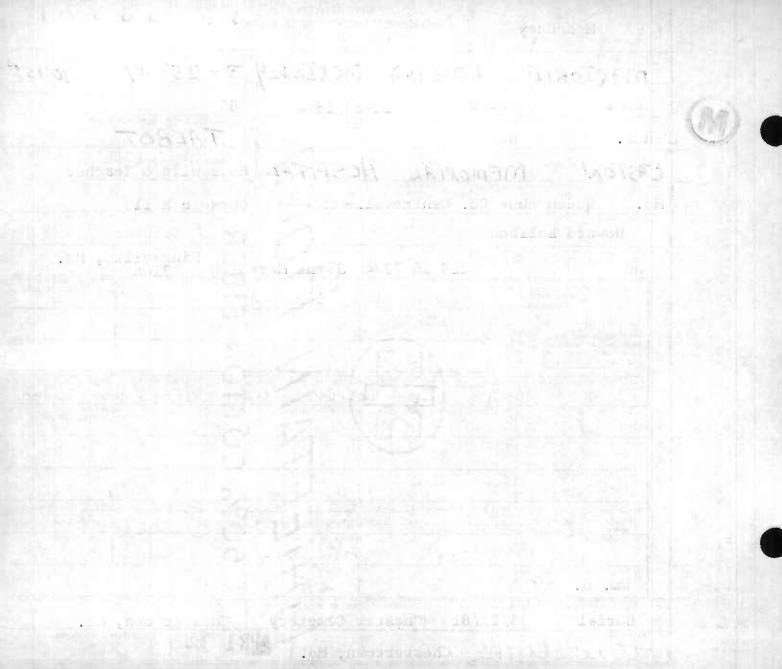
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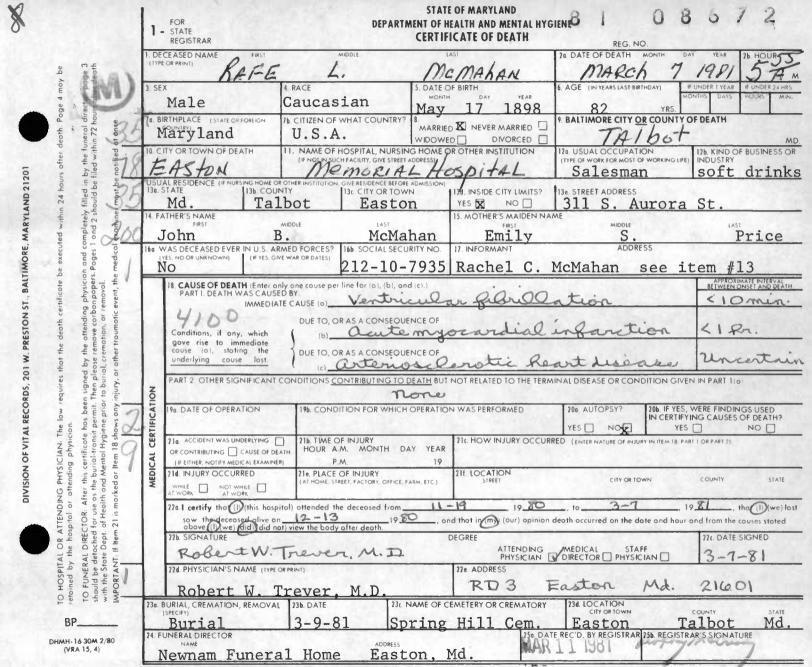
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 6 AGE IF UNDER 1 YEAR (IN YEARS LAST BIRTHDAY) DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) INDUSTRY Her MAN 13e. STREET ADDRESS MIDOLE C LAST ADDRES PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY CITY OR TOWN STATE _, that (I) (we) last ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF DIRECTOR PHYSICIAN Easton, Marvland 21601 23d. LOCATION COUNTY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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TO HOSPITAL OR ATTEN retoined by the hospitol TO FUNERAL DIRECTOR should be deteched for us with the Stote Dept. of Hi MPORTANT: If them 21 is		22d. PHYSICIAN'S NAME (TYPE Wm. H.	CONTRINITY GOD		ATTENDING PHYSICIAN ADDRESS	MEDICAL STAFI	-	ATE SIGNED
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DHMH-16 30M 2/80	24	UNERAL DIRECTOR	1) a Chappe	55	25a. D	PRC P BY RECEIVAR	Sh. REGISTRARIS SIGI	NATURE

STATE OF MARYLAND





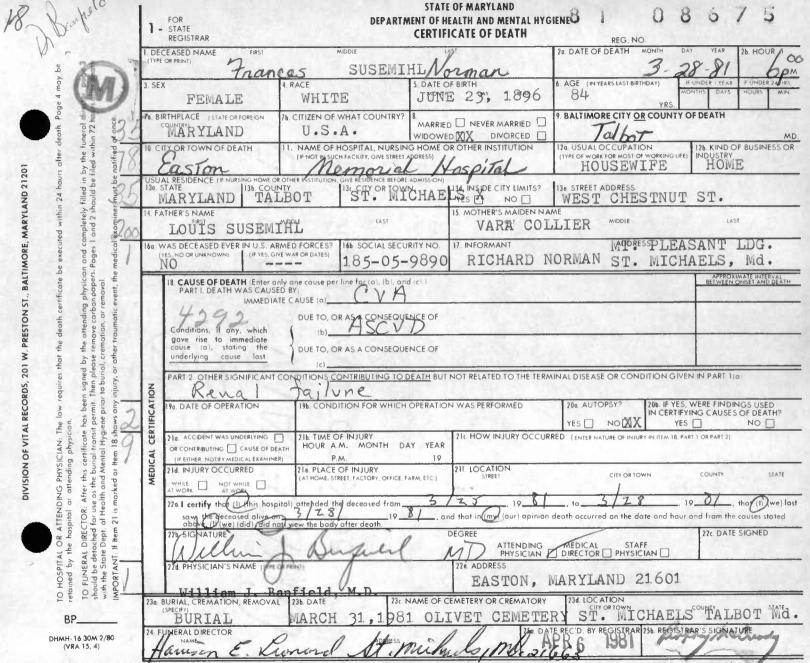
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	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH		O	8 5	14
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o o o	-	Alderson		Mot	ubray			3-13-81		12:25Pm
ctor, p	3. SE	M	4. RACE		5. DATE O	18 - 98 YEAR	AGE (IN YEARS I		MONTHS DAYS	HOURS MIN.
Pog dire hour	Ja B	RTHPLACE (STATE OR FORE		OF WHAT COUNTR	10 0		A DAIRING DE C	YRS TITY OR COUNTY	OF DEATH	
death.		Maryland		S. A.	WIDOWE	NEVER MARRIED		lbot	MC	
the the		ty or town of death aston				Nursing Hon	120 USUAL OCC	UPATION MOST OF WORKING LIF LIST END	126 KIND OF UNDUSTRY Urganis	F BUSINESS OR
MARYLAND 2120 ed within 24 hours ed within 24 hours ond 2 should be file examined must be no	13a.		HOME OF OTHER INSTITU COUNTY aroline	ISC. CITY OR TO	ore admission) own lsubrg	13d. INSIDE CITY LIMITS?	13e. STREET ADD 214 N.	RESS Mainst.		
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VST., BAL certificate ng physicie bon papers r remaval. ic event, thu		18 CAUSE OF DEATH (E PART I. DEATH WAS IM/	inter anly one couse CAUSED BY: MEDIATE CAUSE (o	/1/	and (c).)				APPROXIVE BETWEEN C	MATE INTERVAL ONSET AND DEATH
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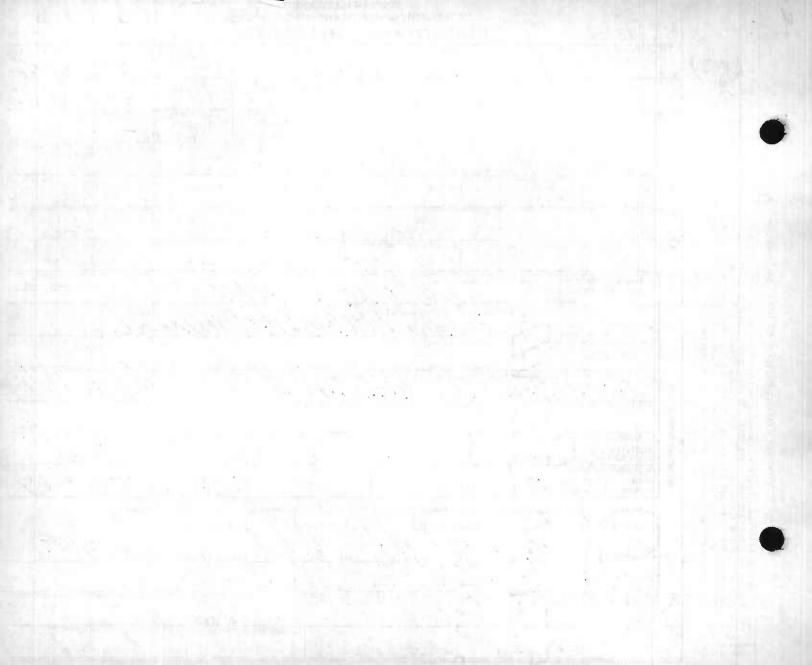
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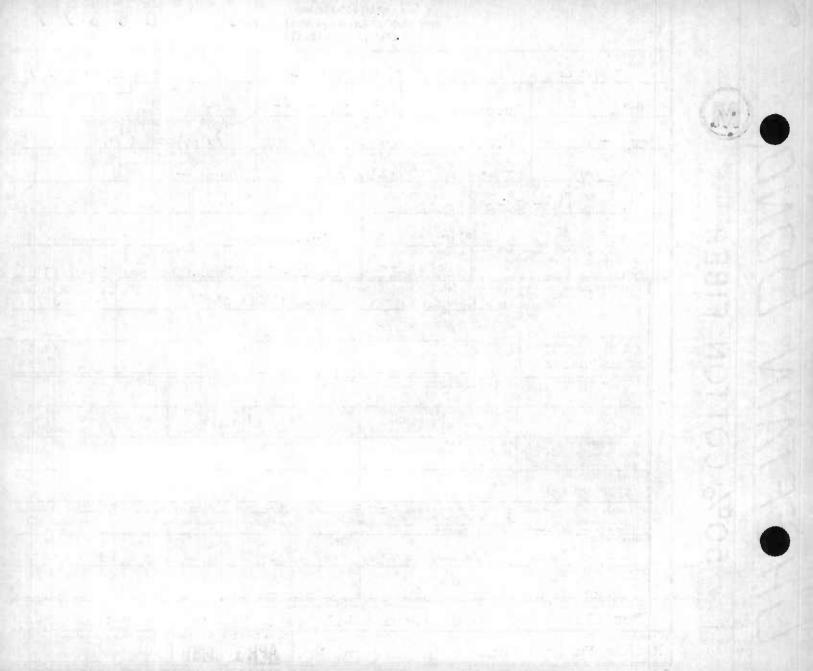
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO ENNERAD DIRECTOR: AFTER DEATH, WITH THE SHAMORE, MARYIGAND, 2	-	(TIPE OR PRINT)			ADDRESS.			,	
	EBSEA9		JRIAL, CREMATION, REMOVAL		23c. NAME OF C	CEMETERY OR CREMAT		OCATION YOR TOWN	COUNT	TY STATE
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by the fu		Easton		(IF NOT IN SUC	movia	URSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND OF I INDUSTRY	
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on ond co	16a V	VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	166 SOCIAL	SECURITY NO.	CHRISTINE A	SKEW, Cheste		ryland	
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	UNERAL DIRECTOR AND FUNERAL	HOME		ADD		250. DA	TE REC'D. BY REGISTRAR		No Maria	J ^{ol1}



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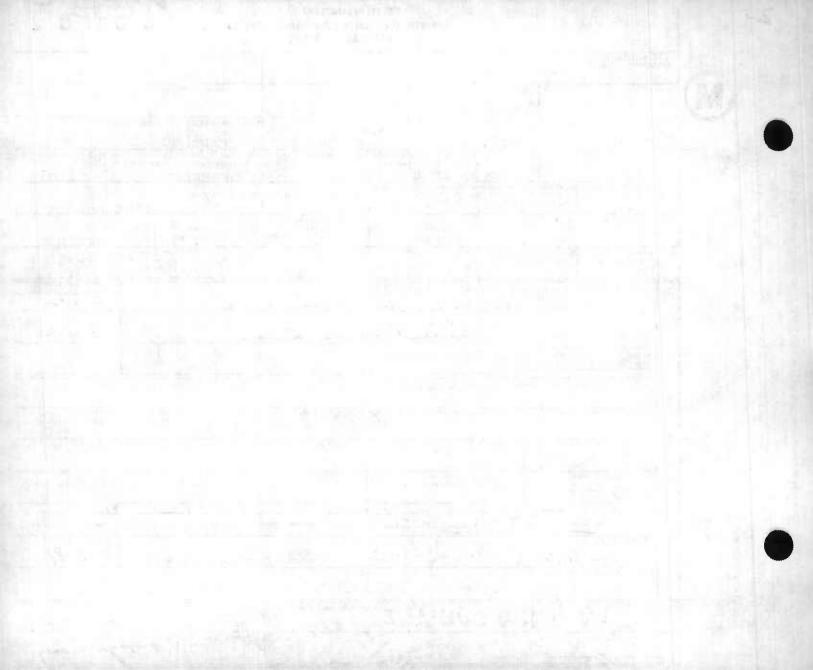
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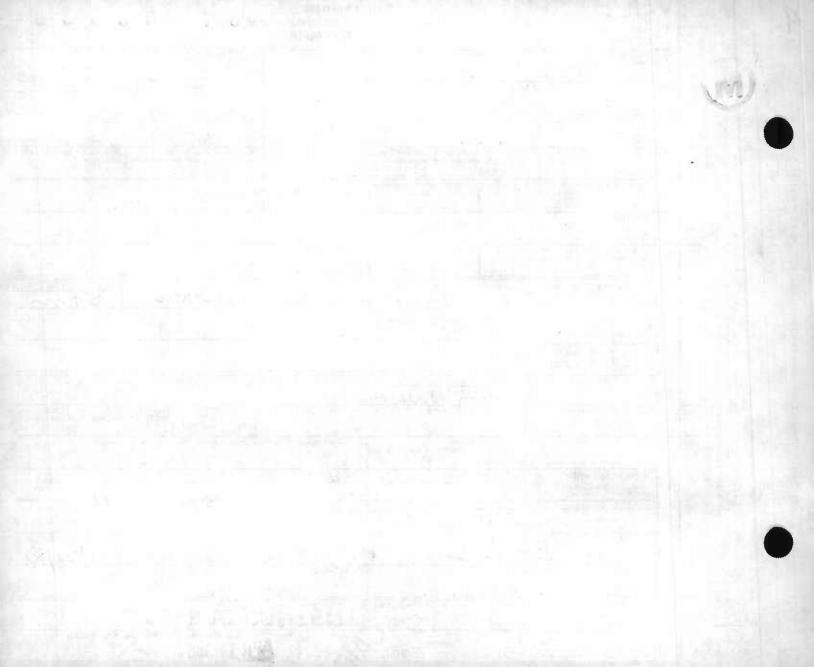
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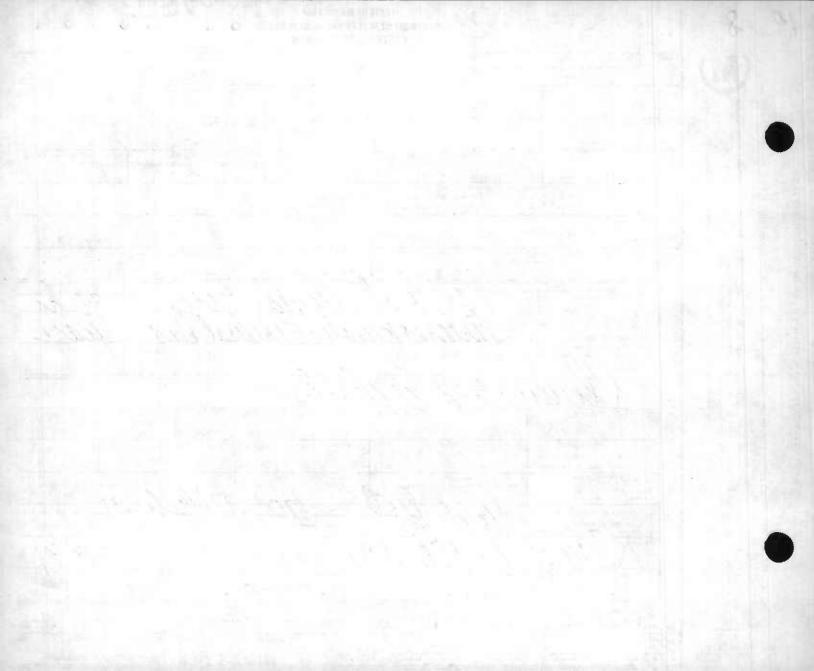
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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[1531]	-	3 SEX	X		4 RACE		S DATE (DAY	YEAR	& AGE (INY	EARS LAST BIRTH		ONTHS DAYS	IF UNDER 74 HRS	
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al di how	3		THPLACE (STATE OR FO	DREIGN		WHAT COUNTRY	Y? I MARRIE	NEVER M	ARRIED 🔲	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH		
uner n 72	<u> </u>		Maryland		U.S.		WIDOWE	DIVID IN	ORCED 🗍		Talbo			MD.	
in by the funeral dir	90	Easton			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) House in the Pines					128 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE (1796 OF WORK FOR MOST OF WORKING LIFE)					
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E CP	shows any injury, or other traumatic event, the medical exa		THER'S NAME FIRST	,	E.	Chee		An	nie	AE	MIDDLE		Sis	gman	
an and co		Iáa W (YE	AS DECEASED EVER S, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	214-74		Ruth		lley	ADDRES	sston		MATE INTERVAL DNSET AND DEATH	
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hysi hysi cert l-tra	9		OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR								
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ECTOR: for use a cof Heal	SH 7 IS		22a } certify that (I) saw the decease above, (I) (we) (a				81	d that in (my) (, 19 our) opinion d	eoth occurre	on the dot	e ond hour	and from the	0-2200	
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E SP T SE	2	23a B	JRIAL CREMATION		23b. DATE	23	NAME OF	EMETERY OR C		23d. LOCA			OUNTY	STATE	
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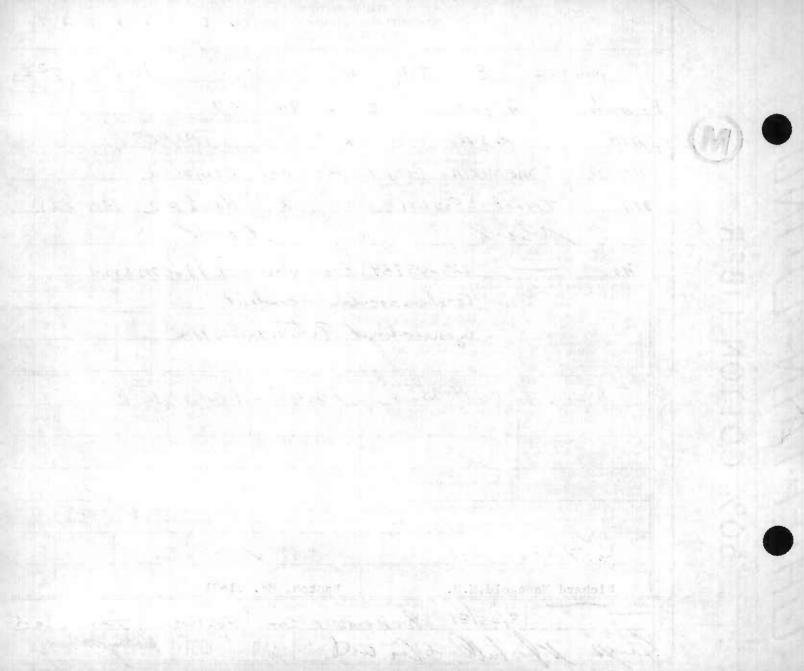


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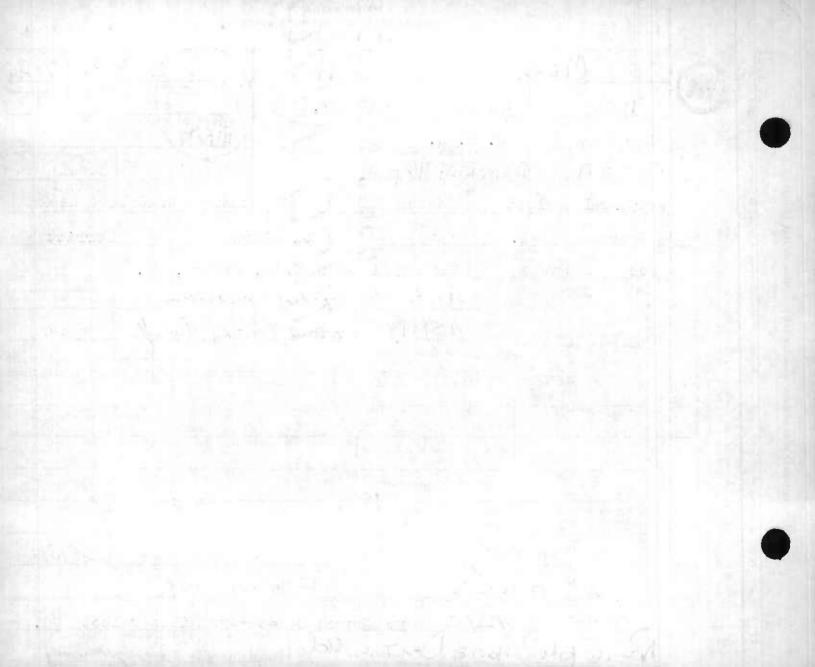
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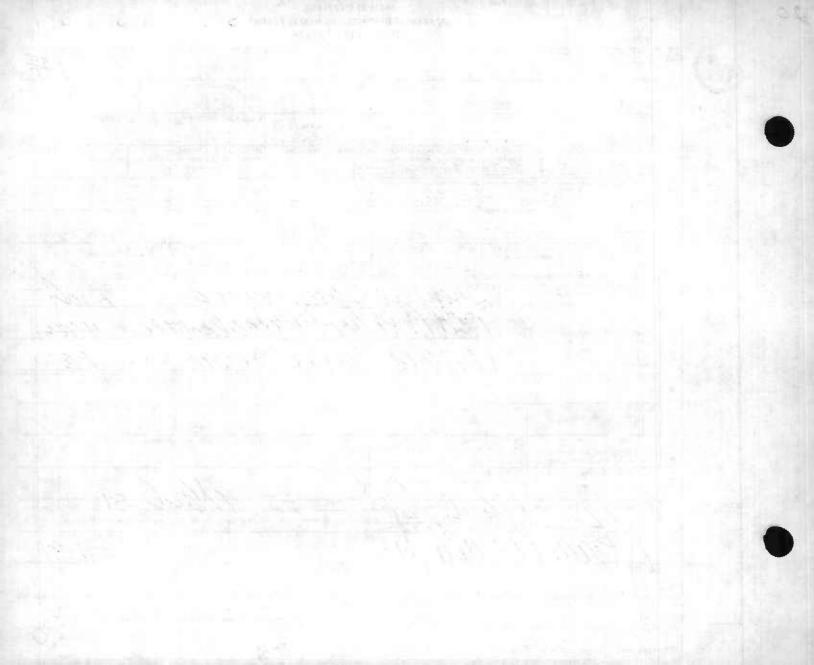
STATE OF MARYLAND



	1,	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 8 6 8 CERTIFICATE OF DEATH					
0		CEASED NAME A FIRST	MIDDLE	LAST LAST	REG. NO.	DAY YEAR 26 HO		
d woy b	3 SE		1 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS		
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mpletely ond 2 sh	14 F.	ATHER'S NAME FIRST George	MODLE LAST TOOLD	is mother's maiden n First Clori	WIDDLE	Merritt		
Pages 1 of		WAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRESS . Oxford, Md.			
quires that the death cert signed by the attending hen please remove carboi to buriol, cremation, or re- ijury, or other troumatic e-	NO	Conditions, if any, which gove rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEOL	JENCE OF DEATH BUT NOT RELATED TO THE TER	riving clussif	GIVEN IN PART 11a		
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₽₽ ₽₩ ¥—	. 23a.	Burial, cremation, removal SPECIFY) Burial	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY ye Church Cemet	234. LOCATION CITY OR TOWN	Talbot Md		
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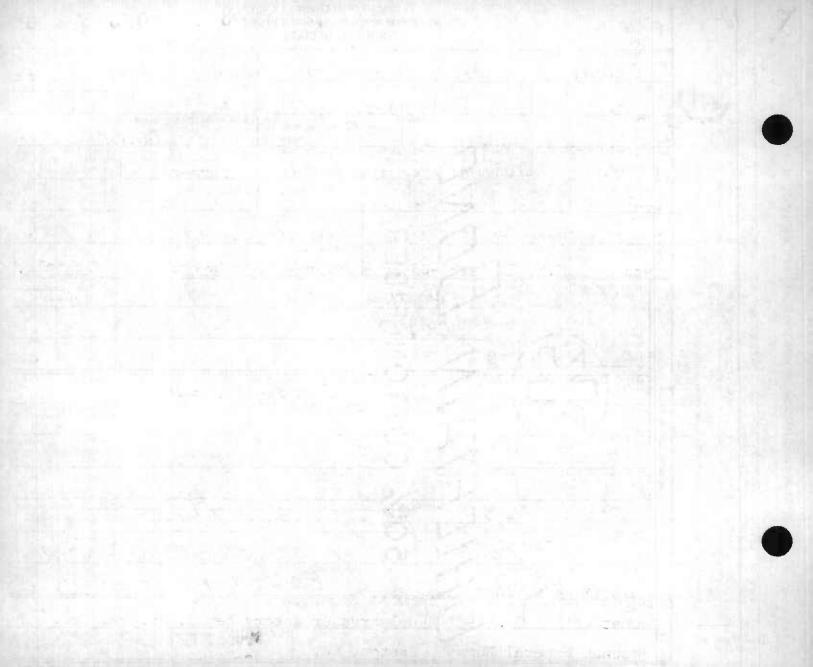


STATE OF MARYLAND



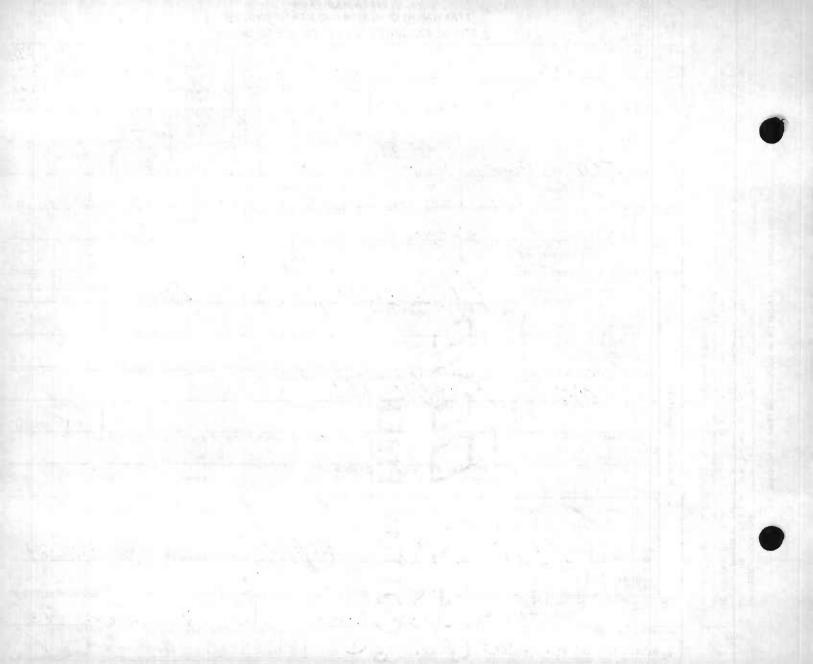
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50 p	3 SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
(IVE		male	caucasian	Mar. 5. 1912	69 YRS.	ONTHS DAYS HOURS MIN.
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notio		Canditians, if any, which gove rise to immediate	(b) CV			
, cren		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOL	JENCE OF		
urial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION GIVE	N IN PART 1/a
to b njuny	NO		ennein Circh	Estalus Estalus	xal Vorsels	IT IT CART TO
D ony	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
ows ows	E				YES NO YES	ING CAUSES OF DEATH?
OI OO	Ü	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
rial-tr lental	MEDICAL	OR CONTRIBUTING CAUSE OF DE	AIN	19		
d Me	ED	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
e as the burial: alth and Menta marked or Item	>	WHILE NOT WHILE AT WORK	(ATTIONE STREET, FACTORY, OFFICE	/	/_	. 9 .
		220.1 certify that (1) (this hosp	oital) attended the deceased from	1981	10 5/ 7 1	9 3 , that (I) (we) last
of He n 21 is	1	sow the deceased alive a	n	, and that in (my) (our) apinion	death occurred an the date and hour	and from the causes stated
DiREC Sched Dept. f Item		226. SIGNATURE	4111	DEGREE	A CALL OF THE PARTY OF THE PART	220. DATE/SIGNED
ate D		W	Hwood)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/7/87
should be deto with the State [MPORTANT: If	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	1/	
P the		W	900	MD EAST	DAY PAN.	
다음을 <u>록</u> ──		William BURIAL, CREMATION, REMOVA		M D NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
		remation		elmarva Cremato	ry Lewes, Susse	ex. Del.
30M 2/80		UNERAL DIRECTOR		25a DA	TATCID. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
5, 4)		Newman Fune	ral Home F	aston, Md.	-4 11/ T T 120	my malvery

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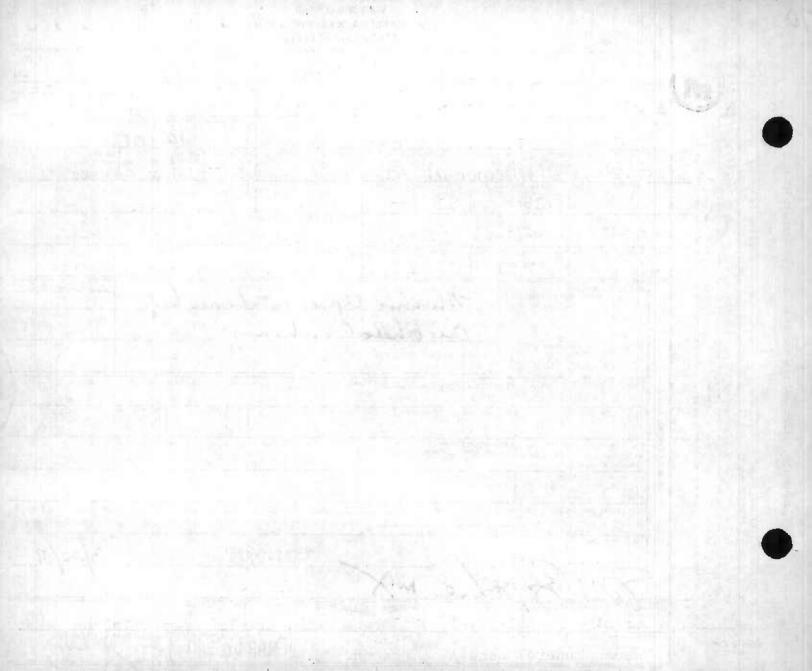


DEPARTMENT OF HEALTH AND MENTAL HY COENE ! U U U
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR
(Time or Dried)
13. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 1 YEAR I I IF UNDER 1 YEAR I I I I I I I I I I I I I I I I I I I
Jost birthdoy) MONTHS DAYS HOURS MIN MONTH & DAY Year
76. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
MINOMED DIACKED NOTED WY
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
Easton memorial Hosp, during most of working life, even if retired.) Electric Co.
136. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
odmission) STATE Md. 13b. COUNTY Caroline Denton YES ▼ NO □ 732 Gay St.
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
George H. Walls, Sr. Dorie Marie Sparks
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
(Yes, no, or unknown) (tiyes give war or dates of service)
PART I DEATH WAS CAILSED BY
PART I. DEATH WAS CAUSE (b) MELLOWING BUILDING COUNTY TO THE PART I. DEATH WAS CAUSE (c) MELLOWING BUILDING COUNTY TO THE PART I. DEATH WAS CAUSE (c) MELLOWING BUILDING BUILDING COUNTY TO THE PART I. DEATH WAS CAUSE (c) MELLOWING BUILDING BUILDIN
DUE TO, OR & A CONSEQUENCE O Conditions, if ony, which gove)
rise to immediate couse (a)
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
lost.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
2
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
WAS PERFORMED? NO □
21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote
21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote
WHILE NOT WHILE office building, etc.) AT WORK AT WORK
22a. I certify that I took charge of the remains described abave, held an Autopsy (), Inspection (X), Inquiry (1), and in my apinion death resulted from: Natural causes (X), Accident (), Suicide (), Hamicide (), Undetermined manner (X)
1/-1/- 1.7 %
ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIGNED
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINATE A
EXAMINER'S NAME (Type) ADDRESS (Street, city, town, or county)
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Burial 3-26-81 Greensboro Cemetery Greensboro Caroline Md.
ADDRESS 2SO, REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
Boulais Funeral Home Greensboro, Mapa AR 30 1981

				OF MARYLAND	0 1 0 1	V / A A
1	1-	FOR STATE	MEDICAL EXAMINER	ALTH AND MENTAL HY	DEATH	0 9 2
ŀ		REGISTRAR CEASED NAME FRIT	MEDICAL EXAMINE	LAST	REG. NO.	ON DAY WAR BY HE
I		EVA EVA		Watkins	OF ESTI-	- 0
ŀ	3.58)		ATE OF BIRTH & AGE IN YEARS	IF UNDER 1 YR. IF UNDER 2	V	
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ı	100	Ua	100 1	NOWED DIVORCED		
Ī	18. CI		AME OF HOSPITAL NURSING HOME, O	ROTHER INSTITUTION	THE USUAL OCCUPATION (THE OF WO FOR HOST OF WORKING LIFE)	OR INDUSTRY
Į	Francis	EASTON M	emorial Hospital at	Easton	Damerstic	
1	13a 5	TATE NO COUNTY	R HISTITUTION, GIVE RESIDENCE AFFORE ADMISSIONS 13t. CITY OR TOWN	134. INSIDE CITY LIMITS?	In STREET ADDRESS	
ļ	14 5	MA TALI	bot Easton	YES P NO [108 TA/box	40000
d	19, 79	THER'S NAME	10/0/1	15. MOTHER'S MAIDEN	ANDOLE.	TAST
7	16s. V	VAS DECEASED EVER IN U.S. ARMED F	ORCES? IMPSOCIAL SECURITY N	O. III. INFORMANT	ADDRESS	on
I	CY1	TE NO OF CHENOWN)	DATES	neha	As MIDT	Line
ŀ		1E. CAUSE OF DEATH (Enter only one	couse per Meyfor (#), (b), and (s).	11 / 1/	The state of the s	APPROXIMATE INTERVA
ı		PART I DEATH WAS CAUSED BY	ISE (n) YUUMM	are 1/1/11	healous	SETWEEN CHOSET AND DE
ı		0117	DUE TO, OR AS A CONSEQUENCE OF	11-00	, ,	P - 7-00
ı		Conditions, if any, which gave rise to immediate	(b)			1 1 1 1 1 1 1 1
1		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
l		011	(c)	/		
1	Z	NA MADO 18	NUTING TO STATE BUT NOT BELATED OF THE TERMINAL	DISEASS OR CONDITION GIVEN IN PART	l (e).	
ł	ATIO	190 DATE OF OPERATION	IN CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?		28. AUTOPSY?
١	SE					YES NO
1	CERTIFICATION	JIa EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	TIC HOW INJURY OCCURRED	ENTER NATURE OF PULLEY IN ITEM 18 PART 1 O	
1		UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
1	MEDICAL	214. INJURY OCCURRED WHILE IT NOT WHILE IT	21e. PLACE OF INJURY (ATHORE. 1) STREET, PACTORY, PARM, ETC.)	THE LOCATION	CITY OR TOWN	COUNTY STA
1	*	WHILE INOT WHILE IN		.05424	5505704000	ALICARI AV
		0 .	e regains described above, held an	Autopsy D. Inspection	. Inquiry . and in my	y opinion
		death resulted from Natural can	nes D. A Accident . Synfid	e . Horncide	Anderermined monner .	
1		ACTUAL K MAIN	11/1/100	Myenspersy T	DA	1 311 m
爿		SIGNATURE	1 Willy	_M.D.M.J.M.C.M		SNED 27/ 7/
4	ed.	EXAMINER'S NAME		/		
+	73 a. IU	TYPE OR PRINT) URIAL CREMATION REMOVAL 735 DA	TE 23c. NAME OF CEMET	ADDRESS	TH LOCATION	(SANO)
	13	THE RESERVE OF THE PARTY OF THE	1-101 111	hew-	CITY ON TOWN	Leck- US
1	24. FI	INERAL DIRECTOR	The same of		C'D. BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
1	-	Leip of Rh G	uo Este m	MAR 2	6 1981	Malund



	1.	FOR STATE	DEP	ARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYO	GIENE 8	086	9 :
		REGISTRAR			ATE OF DEATH	REG. N		Tai
စ္ ကန္	I. DEC	EASED NAME FIRST	MIDDLE	110	1	20. DATE OF DEATH		26 HOUR
noy be	3 SEX	Gerald	Wesley	5. DATE OF	ilson	3-20-8		R IF UNDER 2
4 5	1	Male		MONTH	DAY YEAR		MONTHS DAYS	HOURS
direction of the second		THPLACE (STATE OR FOREIGN	Caucasian 75 CITIZEN OF WHAT COUNT	DEC.	22 1922	5.8	PR COUNTY OF DEATH	
Jens 72 P	C	ountry) arvland		MARRIED	XNEVER MARRIED DIVORCED	T	albot	
T	10. CI	Y OR TOWN OF DEATH	II. NAME OF HOSPITAL, NU			120 USUAL OCCUPATI		OF BUSINES
by the filled with	E	Easton	MEMORIA GIVES	TREET ADDRESS)		Refinish		
De se se	USUA	RESIDENCE HE NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	EFORE ADMISSION)	L historica convinces	· [] [] [] [] [] [] [] [] [] [ier moat	5
24 h	13a. S	Md. Tal	bot Tilgh	man	3d. INSIDE CITY LIMITS? YES NO []	Foster	Ave.	
within 12 sh	14. FA	THER'S NAME			MOTHER'S MAIDEN NA	ME		
ond in plet		John W	lesley Wil	.son	Ethel	MIDDLE		mes
5 0		AS DECEASED EVER IN U.S. AL	NE WIAD OR DATES		7 INFORMANT	ADDRI		
be execu		2 S	WII 217-1	2-7755	Audrey H.	Wilson s	see item #	13
is that the death ce ed by the attendina please remove corbi- rial, cremation, or a or other troumatic		gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE		OT RELATED TO THE TERM	AINAL DISEASE OF CON	DITION GIVEN IN PART I	
0 5 - 0 - 0		PART 2. OTHER SIGNIFICANT						(a)
equire in signi r to bu injury,	NOI	PART 2. OTHER SIGNIFICANT	<u> </u>			MINAL DISEASE ON COIL	DITION GIVEN IN PART	(a)
	ICATION	PART 2. OTHER SIGNIFICANT	19b. CONDITION FOR WE	7901.39	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
low requires been site or set	RTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	HICH OPERATION		200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
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OR ATTENDING PHYSICIAN: The low require hospital or attending physician. DIRECTOR: After this certificate has been singled for use as the buriol-transit permit. The Copt. of Health and Mental Hygiene prior to them 21 is marked or them 18 shows any injuired.	MEDICAL	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE FE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 22a. I certify that (1) (this hosp sow the deceased alive or abave, (1) (we) (did) (did no 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	DAY YEAR 19 FICE, FARM, ETC.)	THE LOCATION STREET that in (my) (our) opinion GREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES OWN COUNTY OUT 19 OU	INGS USED IS OF DEATH NO
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3	FOI			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 0 8 6 9 4								
_	- STA	GISTRAR			DICAL EXAMI			-	ATL	G. NO.	0.	
(BA)	1. DECEA	SED NAME	FIRST		MIDDLE		LAST		20. DATE KNOW	N MONTH	DAY YE	AR 2b HOUR
(INTER	(1,11,0)		COOPE	R	Trice	WF	RIGHT		OF ESTI-	D 🛭 3	29 19	81 "
STA FEE	3. SEX	4. F	RACE	S DATE OF BIRTH	6. AGE (IN			FUNDER 24 HRS	2c. DATE PRONOUNCED	MONTH		EAR M. HOHR
L DIS	mal		white	June 11		YRS.			DEAD	3		81 a M
PRESS AND THE RESS	_FOREW	PLACE (STATE	OR	76. CITIZEN OF W	S.A.			R MARRIED	9. BALTIMORE C	ITY OR COUN	ITY OF DEATH	1
FUNERAL DIRECT FOR YOUR FILE D, WITHIN 72 HOU		OR TOWN OF	DEATH		SPITAL, NURSING HO	WIDOV		DIVORCED L	Talbot SUAL OCCUPATION	Count	Y 12b. KIND OI	MD.
V VS FILE			DEATH	(IF NOT IN SUCH F.	ACILITY, GIVE STREET ADDRES	5)	IER INSTITUTION	FO	R MOST OF WORKING LIFE	E)	OR IND	USTRY
3 TOE	USUAL R	aston ESIDENCE (##	N NURSING HOME O	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				Tr	uck Driv	er	Construction	
RE, MD. 21201 EATH, IF ANY DELAY IS NECESSARY ES 1, 2, AND 3 TO THE FUNERAL DIS A PM 3. RETAIN PAGE 5 FOR YOU AND 2 SHOULD BE FILED, WITHIN YOUND 15 FILED, WIT	13a. STAT	[™] Md.	13b Tal	bot	Trappe	5	YES T	NO E 13e. ST	D #1	Box 6	1	
MD. H.H. IF H.A. 3.	14 FATH	ER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NAM		DUX_U	LAST	
ORE, MD DEATH. GGES 1, 2 RM PM 3 1 AND 2 OF VIXA	Ro1	and			Wright		Dore	othy			Tri	ce
BALTIMORE, IS AFTER DEA! GIVE PAGES TITH FORM PY PAGES I ANI	160. WAS	O, OR UNKNOWN)	VER IN U.S. ARA	WED FORCES? WAR OR DATES)	213-24-2		17 INFORMA			RESS		
BALTI SS AFT GIVE ITH F PAGE						2320	A. :	Lynn W	right	IIa	11 /	Md.
STON ST., BALTIMORE, M. v. 24 HOURS AFFER DEATH. VI ITEM 18. GIVE PAGES 1. V. IT PERMIT. PAGES 1 AND 2. YGIENE, DIVISION OF VITA OVAL.	18.	PART I DEATH	EATH (Enter and I WAS CAUSED	ly one couse per line DBY:	e far (o), (b), and (c).)						BETWEEN	MATE INTERVAL
TON LICENTIFIED TIPER COIEN		7521	4	E CAUSE (a)	Ha.	nging E OF			1	-		
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. WER ALONG W ALR HYGIENE, D REMOVAL.		Conditions,	if any, which									
W. W		cause (o) sta	ta immediate	DUE TO, OF	AS A CONSEQUENC	E OF	-4					
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ATE, JAR. P		220 I certify th	not I took charg	e af the remains de	scribed obove, held on	Autop	sy 🗓 .	Inspection ,	Inquiry .	ond in my o	pinion	
BE F FILL	d	eath resulted f	ram: Notur	ol causes ,	Accident ,	Suicide X	, Hamicid	le 🔲 , Und	etermined manner	<u> </u>		
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a. BURI.	AL, CREMATIO	N, REMOVAL 2	3b DATE	23c. NAME OF C	EMETERY C	R CREMATOR	y 123d	OCATION		I I I I I I I I I I I I I I I I I I I	
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